

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

June 27, 1987

a Benn publication

'Chemist' opens  
in Lincoln  
hospital

NPA Show:  
3,000 members  
converge on  
St Albans

Better 'care'  
from female  
pharmacists?

VAT strike: NPA  
and PSNC ask  
for extra cash

Parkinson's  
disease: clinical  
pharmacy, pt 5

Toiletries set  
to soar in June

For 25 years  
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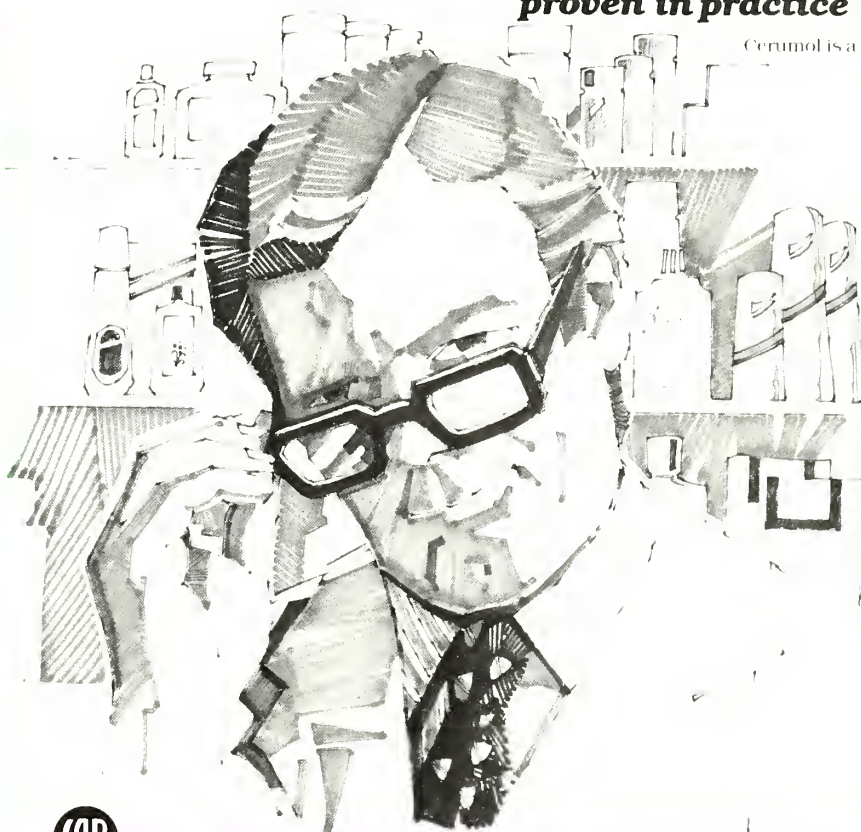
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References: 1 & 3. IMS Home Medicine Report. 2. Martin-Hamblin Research.



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## COMMENT



Whatever next? Just when pharmacists thought their own population

explosion was subject to FPC rather than FPA control, another competitive variant appears: the charity drug store in the reception area of St George's Hospital, Lincoln.

Shops in the foyers of hospitals are nothing new. Usually run by "Friends of the Hospital", they provide extra funding for special hospital projects in the same way as the Lincoln venture. However, they usually stick to boxes of chocolates, magazines and other delights for the frustrated inpatient and visitor. In this case GSL medicines, toiletries and chemist sundries are stocked.

C&D understands the Lincoln hospital is separated from the city centre by a mile of common land and lies on the outskirts of the city — no pharmacies are directly affected. Although, in this case, it could be argued that there are no local shopping facilities of any kind, the hospital visitors should be able to pick up gifts and medical necessities for their



nearest and dearest at their local shop or pharmacy, or on the way in. This hospital drug store is the ultimate convenience store and yet another drain on the finite number of pounds in the pockets of the community, taking trade away from the established local retailer.

The Lincoln shop is not registered as a pharmacy and so can neither sell the more potent P medicines nor dispense prescriptions. Before it could do so it would have to prove to a newly established pharmacy practice subcommittee that it was either "necessary" or "desirable" under the new contract regulations. We trust neither this drug store, nor any other located

in a hospital foyer, would attempt so to do. But anything is possible. However, even in the "privatise it" mood of this Government the hospital consortium pharmacy should remain the impossible dream.

**Women in pharmacy:** Speakers at a conference this week (p1275) are not the first to wonder why there are so few women leaders in a profession that is becoming increasingly female-orientated.

The answer may be simple — one of time. Are we seriously expecting the new breed of superwoman pharmacist to take on three jobs — career, family and now politics? Ask any woman struggling to fit home responsibilities around a demanding job if she would also like to run the pharmaceutical profession and the answer would probably be unprintable. While it is obviously desirable for women to play a major part in this critical aspect of pharmacy's future it is unlikely to happen as long as women are expected to carry the main responsibility for child-rearing. The solution, it seems, rests with men!





## 'Chemist shop' opens in Lincoln hospital

A "chemist shop" has opened in St George's Hospital, Lincoln, next door to the hospital pharmacy. The development is believed to be the first of its kind in the country.

The shop sells GSL medicines, toiletries and chemists sundries, but does not dispense FP10s, nor does it sell Pharmacy medicines, says staff pharmacist Liz Gilbert. "It's more like a

drug store," she explains.

The "drug store" and the hospital pharmacy share the same reception and counter area and although Ms Gilbert acts as its manager, the shop is manned by the Women's Royal Voluntary Service. It is being supplied by Vestric, who were already supplying the hospital pharmacy, albeit through the hospital division. Ms Gilbert says the shop has been registered as a Vantage chemist. Profits will go into a patients' trust fund, where they may be used to help fund a patient recreation centre.

Ms Gilbert explained the idea behind the scheme to *C&D*: "I could see a need, not covered sufficiently by the WRVS shop who tended stick to things like sweets, for items like toiletries, toothpaste and tissues. I have also heard staff discussing with relatives the need to bring in such items for patients to use, and they shouldn't have to wait for those sort of things. The WRVS was also selling some GSL medicines which I wasn't too happy about."

Ms Gilbert sees the shop providing a service to both patients and staff. The hospital has mainly geriatric patients, but has some acute beds.



Acting chairman of the North Lincolnshire District Health Authority, Mr John Mayall, toasts the voluntary workers who will man the shop at St. Georges Hospital, which he had just opened.

## More sales points for condoms

Large numbers of people questioned in a recent survey thought condoms should be sold through pubs, supermarkets and off-licences.

The survey, commissioned by Warner-Lambert Health Care, looked at attitudes to AIDS and other sexually-transmitted diseases in 426 adults aged 16 to 45. Seventy per cent of those questioned thought condoms should be on sale in pubs, 63 per cent mentioned supermarkets, 56 per cent 24-hour garages, 45 per cent off-licences and 42 per cent pop concerts. Most of the interviewees endorsed the IBA's decision to allow television advertising for condoms — 62 per cent strongly agreed with that advertising condoms on television was a good thing, 24 per cent agreed slightly.

Sixty four per cent would welcome lessons in secondary schools about STDs and 34 per cent would like to see a confidential information service.

Those who believe AIDS to be a very important issue has risen from 30 per cent in an IBA survey carried out in March, to 48 per cent in the Warner-Lambert survey. The survey showed that 23 per cent of respondents now use the condom for contraception, and independent market research data shows a 22 per cent growth in the condom market for March/April.

## Mussel power?

New evidence is emerging from France of a role for the extract of the green lipped mussel in the treatment of arthritis.

In a double blind crossover trial against placebo, in 53 patients with arthritis on the knee, in two Paris hospitals improvements in a number of parameters were observed some five to six months after treatment began. The parameters include subjective judgments by patients and doctors as well as several more objective assessments of intensity of pain and movement. French rheumatism expert Dr Henri Billard told a London meeting last week.

## BMJ warns of VLCD hazards

Very low calorie diets are not suitable for people who are more than moderately obese, breathless on exertion, or fat enough to be incurring medical risk, according to the *British Medical Journal*.

For such patients treatment, dietetic or otherwise, will probably require several months at least, says Professor Durnin of the University of Glasgow. He recommends normal dietetic treatment for such patients, combined with encouragement to be more physically active.

Professor Durnin says that very low calorie diets (VLCDs), providing 150 to 600 kcal per day, are also not advisable for severely obese patients as their short term success rate may encourage patients to prolong their use, or use them again at frequent intervals. "Their disadvantage is that the deficit of energy is so great that not only is adipose tissue burnt up, but protein stores are metabolised as an extra source of energy. Manufacturers make much play of the claim that the high quality protein in the diet minimises this, but the evidence in favour of their claim is not convincing and is, indeed, improbable," Professor Durnin says.

However, he says that there are virtually no contraindications to using VLCDs for short term weight loss of modest amounts of fat, for example, before going on holiday. "However," he says, "the benefits will, almost certainly, be only very temporary."



Editor John Skelton (left) welcomes National Pharmaceutical Association director Tim Astill to the *Chemist & Druggist* stand at the NPA Show in St Albans last Sunday. Magazine staff had a busy day fielding the many "inspired" entries in a drug jars competition, one part of which was to guess the number of words in last week's *C&D* (over 24,000). Mr Astill later verified the winning entry, from Mr Raza Virji of Moseley (see p1,268)



## Wilts PPSC first to meet?

Wiltshire FPC was to meet on Wednesday to appoint members to its new pharmacy practice subcommittee, who will shortly be asked to determine one of the first contract applications to be heard under the new regulations.

Pharmacists in the Swindon area who are likely to be affected were informed of the application last Saturday. But a local councillor (and a member of the FPC) was reported in the *Swindon Evening Advertiser* of June 18 as saying in a Council meeting that a closed shop operated by chemists would mean the application would be turned down.

In early March Thamesdown Borough Council put a number of leases up for offer in a fast growing part of the town. Mr R. Palmer, a local pharmacist, was assigned one near a GP's surgery, but did not apply for a contract until after the new regulations came into effect on April 1. GK Chemists did apply for a contract in the neighbourhood but have since withdrawn their application.

The application is likely to be an interesting one as it is understood there are a couple of applications to open premises in the area lodged before April 1. The LPC is to meet on July 7 to consider what position it should adopt. LPC secretary Mr Ray Jephson could not comment other than to say: "It is a very difficult case and a lot of things have to be taken into consideration."

The Pharmaceutical Services Negotiating Committee is concerned that adverse local media coverage and accusations of a closed shop may obscure the intent of the new regulations, and is looking at ways of redressing the balance.

Information on the number of pharmacies seeking to open, or claim compensation and close, is proving difficult to gather as each FPC and health board operates independently. PSNC sent out the necessary documentation to 143 pharmacists who responded to an announcement in the pharmaceutical Press last year, but do not know as yet how many people have followed it up and written to their FPC.

The Pharmaceutical General Council originally estimated between 20-30 pharmacies would close in Scotland. PGC secretary Colin Virden says the number seeking compensation that he is aware of is not yet over 20. And to his knowledge only one application to open a pharmacy has been heard North of the Border so far.

*Chemist & Druggist 27 June 1987*



"No, no! The show's down the road at the Town Hall".

## Wholesalers left on the blocks

**Pharmaceutical wholesalers have been caught on the hop by last week's announcement that nil discount items supplied on prescription will be excluded from discount clawback.**

Although the Pharmaceutical Services Negotiating Committee met with the National Association of Pharmaceutical Distributors in early May to draw up a provisional "nil discount" list, neither they nor the Department of Health passed on the news that the scheme was due to come into effect from June 1.

Because the setting up of a nil discount list could be construed as a restrictive practice, the NAPD has submitted the proposed list to the Office of Fair Trading for consideration. "My understanding was that the date of implementation being aimed for was October 1," said NAPD director Ossie Logan.

He described the scheme announced last week (*C&D* p1211) as "an interim solution pending consideration by the DHSS of a full 'nil discount' list, and there's nothing to say the DHSS is going to agree to all the items the PSNC is seeking."

Unichem, who are the only major wholesaler to offer discounts on Controlled Drugs, say reports that they will no longer be discounted are incorrect. "Unichem has not changed its policy on those items on which profit share is paid and therefore CDs have not been excluded. The situation is that we pay profit share on all medical items supplied ex-branch: the only exclusions from the whole of the medical service are 'specials' and those slow moving surgical lines which are supplied via the central warehouse," says managing director Peter Dodd.

Should a request be received from the DHSS, Unichem would be prepared to exclude CDs at a future date, but would ensure that all members be informed in advance of such a change, he said.

## 'No excuse' says Alan Nathan

**Pharmacists who dispense Controlled Drugs to addicts have no excuse for not taking part in syringe exchange schemes, believes Alan Nathan, member of the Pharmaceutical Society's Council.**

Speaking at the recent Norchem symposium, he said it was not ethical to supply addicts with drugs to maintain their habit and then refuse to help those addicts, at no cost and very little trouble, to protect themselves from a lethal disease and from preventing the spread of that disease through the community at large.

"This is perhaps the most effective contribution pharmacists can make in the fight against AIDS and I believe they have a professional duty to undertake it, if they are already dealing with addicts and are called upon to do so," he said.

Some were afraid of needlestick injuries, but Mr Nathan believed this risk was of the same order "as the ceiling of your shop falling in." Others were worried about drug abusers hanging around their pharmacies but syringe exchange took only a few seconds and in his experience addicts left their prescriptions in advance for later collection. Some pharmacists thought exchange schemes should be confined to clinics, not realising that many addicts fought shy of officialdom or institutions.



## Fairy godparent comes to court

**A mystery "fairy godparent" has made an eleventh hour cash injection which may prevent 500 arthritis sufferers being forced by prohibitive legal costs to pull out of a massive damages action over the side effects of the drug Opren.**

Revealing the existence of the unknown benefactor, Mr Justice Hirst, at the High Court in London, on Monday, said the intervention had "potentially revolutionised" the position of the non-legally aided plaintiffs who, because of a High Court ruling last month, will have to pay their share of an estimated £6m costs bill should they lose their claim against Eli Lilly and the Government.

By ordering that the costs of the litigation be borne equally by the 1,500 claimants, the High Court, in a decision upheld earlier this month by the Court of Appeal, effectively stopped the majority of claimants "riding on the backs" of a few selected legally aided cases.

Giving judgment on the revised schedule for the action, Mr Justice Hirst said that a few months' delay was "a fair price to pay for ensuring that the non-legally aided plaintiffs were in a position to

take full advantage of the 'fairy godparent's' generosity."

He said although not all of the 120 plaintiffs who pulled out had done so because of the costs order, the plaintiffs' counsel, Mr Louis Blom-Cooper, QC, had told him that but for the benefactor the great bulk of the 500 non-legally aided plaintiffs would have been likely to discontinue.

The scheme, if successfully concluded, will be placed before the court for approval on September 28. The judge extended the deadline for plaintiffs to withdraw without incurring liability for costs to October 9 and the date for electing the lead plaintiffs to November 6. The court aimed to make the final nomination of the lead case early in the New Year.

Afterwards Mr Roger Pannone, a solicitor for the plaintiffs, said it was "premature" to reveal the identity of the benefactor, but it was hoped to do so next Tuesday. He would only reveal that the donation was very substantial.

All the 1,500 plaintiffs in the case are claiming damages for personal injuries allegedly caused by the side effects from taking Opren, which was withdrawn from sale in 1982. The High Court was told last month that very few of the plaintiffs in the trial were likely to recover more than £5,000 and all but 100 were within the range of £200 to £1,000.

## 300 leave NHS in three years

**National Health Service hospitals have lost nearly 300 basic grade pharmacists over the last three years, according to new figures from the Committee of Regional Pharmaceutical Officers.**

The loss has to some extent been offset by a rise in the number of staff pharmacists over the same period, by just over 200, but the figures do little to suggest that the recruitment difficulties have reached the bottom of the trough.

Overall, 13.5 per cent of hospital pharmacist posts were vacant on December 31, 1986, up from 12.9 per cent a year earlier. Worst hit was North East Thames, where vacancies totalled 18.6 per cent of posts. Yorkshire, with 7.3 per cent had the fewest.

Taken by district, only 28 of 152 districts reported they were fully staffed, while 40 reported unfilled posts at more than 20 per cent. Retention of pre-registration pharmacists is also down, to 57 per cent from 65 per cent in 1985.

In its report, the Committee stresses that an annual survey at December 31 does not reflect the worst position, being only four or five months after newly registered pharmacists swell the ranks.

## AIDS figures

**Latest AIDS figures for the UK show that to the end of May there were 791 cases, of whom 444 have died.**

The comparable figures at the end of April were 750 and 420, according to the Department of Health which has also published the following table of UK AIDS cases by patient characteristics, up to the end of May.

	Males	Females	Total
Homo/bisexual	686	—	686
Intravenous drug abuser (IVDA)	10	2	12
Homosexual and IVDA	9	—	9
Haemophilic	31	—	31
Haemophilic & IVDA	1	—	1
Recipient of			
Blood: abroad	5	5	10
UK	4	2	6
Heterosexual:			
Possibly infected abroad	13	7	20
UK (no evidence of being infected abroad)	2	5	7
Child of HIV positive mother	3	4	7
Other	—	1	1
Undertermined	1	—	1

## Pharmacists wheel and deal at the 'Exchange'

**It's a little bit like the former Stock Exchange without the phones, commented one pharmacist from her vantage point on the balcony in St Albans City Hall. And the milling bodies around the exhibitors' stands, the earnest faces of sales people and the general air of wheeling and dealing at the National Pharmaceutical Association's Show last weekend was indeed reminiscent of that institution.**

Your business and how to improve it was very much the theme of the occasion, and exhibitors had a willing audience among 3,000 members from England, Scotland, Wales and Northern Ireland who made the trip. But it was a social occasion too. An opportunity for pharmacists to meet friends they hadn't seen since college days, to talk with NPA Board members, and executive staff, and to visit Mallinson House. Tours of the latter





proved popular and were a masterpiece of timing as numerous groups were shepherded through corridors and up and down staircases without a single collision.

The *Chemist & Druggist* team had an enjoyable day too. And an opportunity to win three NPA drug jars in a free competition attracted many pharmacists to the stand. Faces fell a little when they read the questions; how many words are in the editorial matter of this week's *C&D*; how many PIP coded products are listed in the June issue of the Price List, and how many suppliers' names and address are listed in the 1987 *C&D* Directory Buyers' Guide? Some adopted a scientific approach, others wildly pulled figures out of the air. However, the major difficulty for some appeared to be in adding up their guesstimates for a final total. This is where children came in useful!

After careful scrutiny of the entry forms by *C&D*'s publisher, Ron Salmon (who forgot to bring his calculator) the NPA member who got closest to the answer of 79,090 was Mr Raza Virji of Birmingham (pictured below).

NPA director Tim Astil confessed himself well pleased with the event. "It was enormously successful day", he told *C&D*. "I was particularly glad of the opportunity to meet so many members personally. The exhibitors seemed to be more than satisfied, and the most common question we were asked was 'Why didn't we hold the show more frequently?'" Is this likely? It is something the Board will consider, said Mr Astill.



Director of The Disabled Living Foundation, Elizabeth Fanshawe with pharmacist Mr Anil Gudka, of S.R.A. Pharmacy, Harrow, on the NPA's mini-pharmacy stand which also included a healthfoods section and veterinary medicines as well as aids for the disabled



The youngest visitor to the show was eight-month old Jilna Shukula, pictured with her mum while her pharmacist dad, Dr Shukula, tried his hand at *C&D*'s competition



The Welsh were there in force too: pharmacists Mr & Mrs I. Philips (left) of I. & S.A. Philips Pharmacy, Cardiff (Ian is chairman of the Welsh Executive), with Mr & Mrs J.B. Price (right) and son Matthew (centre) of J. Brian Price Ltd, Cardiff

NPA training officer Ailsa Benson (far left) convinces Frank Judge of Macks Pharmacy, Penge, of the benefits of staff training, while assistant officer, Margaret Limond gives Mr A.K. Arora of the Easter Pharmacy, Parkhurst Hill and his brother Mr S.K. Arora, of Newman's Pharmacy, London, a sneak preview of the new staff training manual



The NPA's head of information, Mrs Jo Field, gave members a guided tour of her department when they visited Mallinson House

'Aerial' view of the show with plenty of wheeling and dealing in progress

Winner of the *Chemist & Druggist* NPA Show competition, Mr Raza Virji, manager of Dispharma Ltd of Saltley, Birmingham (see above). Mr Virji graduated from Karachi University before coming to England to take a pre-registration qualification at Sunderland Polytechnic





## FPC officials win review

**The ten-week FPC administrators' dispute was called off this week after a "reasonably good" offer from the management side.**

Cornwall and Isles of Scilly FPC administrator, Mr Ron Purser, said the most important aspect of the agreement was the management side's decision to reinstate a review.

It was feared that the dispute, which began in March, could have disrupted claims for compensation from contractors under the new contract regulations. As far as *C&D* is aware only three cases were delayed. Its main effect was to disrupt the supply of financial information to the DHSS, Mr Purser told *C&D*.

## Trent spells out training needs

**The development of community pharmacists' health promotion skills and educational support for pharmacists wanting to return to practice are top priorities for continuing education.**

That's one conclusion in the report of Trent Regional Health Authority's Pharmaceutical Postgraduate Education Committee. Its proposals are linked with the objectives of the RHA itself, national priorities and the Nuffield Report.

Updating pharmacists' knowledge is best done locally, with close involvement of Pharmaceutical Society branches, the Committee says. For 1987-88, the Committee wants each PSGB branch in Trent to arrange up to eight evening educational periods, with the larger branches considering the use of more than one centre to ensure flexibility and easy access to the majority of pharmacists.

The Committee believes that the role of the community pharmacist will be essential for the success of the RHA's policy of devolving health care into the community. To this end it envisages the flexible use of all training materials available — distance learning, lectures, group learning, residential courses and workshops — but also recognises that new national arrangements like the possible interchange between hospital and community practice for training and skill development, will be required.

In hospital pharmacy emphasis is on clinical pharmacy, drug information and management training.

## Words are not enough . . .

. . . Or at least Unichem don't think so, and are going to produce a video showing all their sundries so members can see what they want to buy as well as read about them. This seems as good a cue as any to discuss the whole business of sundries.

I've spent what seems a lifetime buying sundries. So far as I'm concerned it used to lighten the darkness, and allow me a chance to pit my acumen against the salesman in a forthright game of buying "right". When I started it was a genuine pleasure to see the various entrepreneur sundriesmen stagger into my shop with battered cases full of Eastern promise. Oh the delight of the afternoon's scrimmage! But the net result was I spent a thousand quid and stood to make another since I bought virtually from source. But today? Some poor rep with no leeway to deal, comes in with his illustrated folder of prepacked "standards". They all have identical ranges, there are no "sports", and I am expected to make my choice and work on a 25 per cent profit on return.

Sundries were the last group where we used to be able to make up our losses, and if we bought well, to offer our customers a diverse and interesting range. How I mourn their passing and mourn even more at the sweaty shrink-wrapped offerings I have to give my customers. So far as a video is concerned Unichem can stuff it back into its cassette. Instead of making those nine poor salesmen redundant they should have given them a suitcase-full of sundries and told them to get out and sell them. There is nothing like a direct visit and the handling of goods to promote sales.

## Guidelines . . .

I'm still niggled about this business of guidelines for pharmacists. David Sharpe said we shouldn't always be squawking to the Society to tell us what we could do, but should be confident in our judgments.

Frankly judgment is a matter of knowing what you don't know as much as what you do. But that said, a major resentment about our professional judgment arose over the ludicrous restrictions imposed over the freeing of hydrocortisone creams for OTC sales. All that was needed was an official statement that pharmacists would be allowed to counterprescribe the product for specific indications, ie POM to P. Instead we are expected to jump through the most humiliating hoop of only selling particular

brands — which have been licensed for those indications.

As professionals we are supposed to say hydrocortisone cream is not hydrocortisone cream for sale to the public, unless it has a particular brand name! Call that the exercise of judgment? If the Society expects us to act as adults, then its got to do a darn sight better in getting recognition that it has so far.

## High class forgeries

There is a national alert from the Pharmaceutical Services Negotiating Committee warning us to be on the lookout for forged scripts calling for expensive drugs. This sort of note always sends a little chill down the spine so far as I'm concerned, because if they are that good and I dispense them, what happens? I don't honestly think the pharmacist should personally have to foot the bill for being duped by what had every appearance of being a genuine NHS script.

Perhaps we are covered by the National Pharmaceutical Association professional liability in a case like this? I'm not just making the point to stir things up, but would be grateful for an indication from our insurers. No one in their right mind would knowingly dispense a forgery, but while we do become adept over the years in sensing the fraudulent, it would seem unreasonable to expect of us that degree of expertise which only a forensic expert would bring to bear.

## Nil discount . . .

For the second time this month I have endorsed scripts "nil discount", as I had to obtain the products from other than my normal suppliers. At least I hope I'll be paid as though no discount was given.

Not long ago I had to get some colostomy item which no-one else seemed to have in stock when I needed it. Since I am now down to two wholesalers I can't hunt round as I used to, so I had to go to Thames Medical. When the item came they made a delivery charge of £4, which seemed pretty hot to me until talking with a colleague at a trade show I learned he had been charged £8.50 by the same company! He posted the invoice to the PPA and had to wait ages, although it was paid in the end. I normally use Grampian now who don't charge postage, and give a modest discount on big orders.

It sounds silly to carp, since it appears the money is re-imbursed in the long run, but it goes against the grain to see the system used, or abused like this.





*Success has gone  
to our head!*



Today, shower product sales – and profits – are booming. In fact, this has become the fastest growing toiletries market. So much so that market leader Radox Showerfresh has decided to launch a new Hair & Body Shampoo range – to go with an update of their successful Body Shampoo.

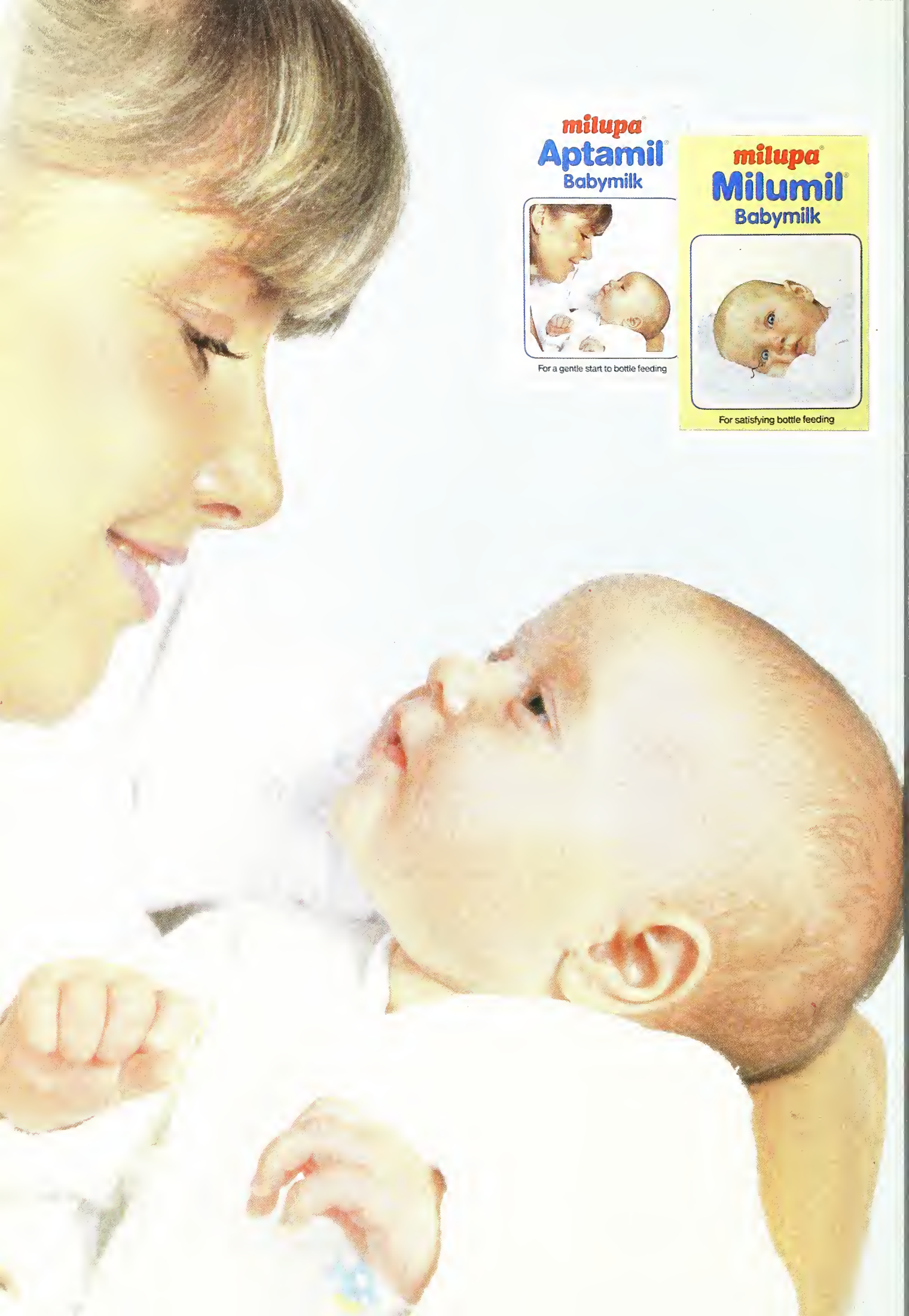
So now you have two exciting Radox Showerfresh ranges – and twice the opportunity to cash in!

- \* New Radox Showerfresh Hair & Body Shampoo – in a choice of 3 invigorating fragrances – contains a conditioner and is pH balanced.
- \* Radox Showerfresh Body Shampoo also in a choice of 3 invigorating fragrances and pH balanced
- \* A sparkling new TV commercial will launch the new Radox Showerfresh ranges with a big splash.

Don't get left high and dry. Stock both new Radox Showerfresh ranges and double your chances of fresh profits.

**RADOX SHOWERFRESH. TWO RANGES – TWO CHANCES TO PROFIT.**





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# The Fastest Growing Babymilks.

Aptamil and Milumil are highly recommended and growing fast.

- More hospitals and clinics are now using Milupa babymilks than ever before.
- More retailers than ever are responding to consumer demand by stocking Milupa babymilks.
- Milupa babymilks grew by +92% in 1986.\*

More and more mothers choose Milupa babymilks — and no wonder ... Milupa babymilks are as close to breastmilk as babymilk can be:-

## **First for Closeness**

Taurine addition — another step closer to breastmilk.

## **First for Taste and Smell**

Even the fussiest babies take to Milupa babymilks because the taste and smell is so pleasant.

## **First for Quality Assurance**

Milupa's rigid quality control assures mothers of complete safety. Milupa not only conduct all the usual safety checks, but also screen for heavy metal contaminants and pesticides to an exceptionally high standard.

## **First for Convenience**

Milupa's uniquely granulated babymilks are easy to measure and mix.

What's more, mothers go on to buy the comprehensive range of Milupa baby foods, rusks and drinks.

So grow with us. Stock the two Milupa babymilks Aptamil and Milumil.

Available in new 450g and 900g sizes. For further information, contact your wholesaler or us, direct, on 01-573 9966.

**Milupa Babymilks. As close to breastmilk as babymilk can be.**

**IMPORTANT** Breast milk is the best milk for a baby. A doctor, midwife, nurse or health visitor should be consulted for any advice needed. If a babymilk is used it is important for the baby's health that all preparation instructions are followed carefully.

**milupa**®  
**Babymilks**  
**Aptamil**® & **Milumil**®



NEW PRODUCT  
RETAIL PHARMACY ONLY

# Grapefruit

## Slimmers Supplement

The Slimmers  
Natural Choice

10 day course  
Plus FREE diet plan

### UNIQUE FOUR-WAY DIET PLAN

1. NATURAL GRAPEFRUIT  
A natural grapefruit extract  
derived from whole grapefruit.
2. NATURAL FIBRE AND  
BULKING AGENTS  
To create a natural feeling  
of fullness  
to help  
you eat less.
3. NATURAL HERBAL EXTRACTS  
Valued by those who tend to  
retain fluid while slimming.
4. KLB6  
One of the oldest and most  
widely known supplement  
formulas used  
by slimmers.

To be used  
in conjunction  
with calorie  
controlled diet.



Deal up  
to 42% POR

£6.99  
R.S.P.



## Women lead in communication skills

**Female pharmacy graduates joining Boots are better equipped than their male counterparts for working with and meeting people in a caring environment.**

"They seem to have greater social confidence and appear more skilled in personal communication," said John Wykes, director of staff, Boots the Chemists, during an international symposium on "The role of women in pharmacy", held in London this week. The reason might be that, because pharmacy was such an attractive career for women, more women of above average ability are entering schools of pharmacy.

Mr Wykes said Boots recruited many good graduates of all round ability but, although technically competent, too many were initially lacking in the communication and interpersonal skills so necessary in community pharmacy.

Last year, 58 per cent of the graduate intake into Boots' retail division was female, compared with 48 per cent in 1977. Because women were becoming an increasingly important factor in the work force, their career requirements had to be considered, the speaker continued. Most women employed by Boots took on professional rather than managerial duties, and he believed this reflected career preferences and the need for part-time working, and not discrimination.

Two years ago the company set up a scheme allowing women a five year break for child-rearing, during which Boots provided at least two weeks employment a year and guaranteed return to work of similar status to the position held previously. Mr Wykes was disappointed that the scheme had not been widely used, probably because of the variety of employment open to women as a result of the national shortage of pharmacists.

There was a risk that, by making these special arrangements, men might be worried about women with less experience being promoted above them on returning to work. But Mr Wykes stressed the deciding factor should be ability. If an extra five years experience meant greater competence, the man should be given the job; if a woman was more suitable she should be promoted. The days were gone when length of service determined promotion.

Mr Wykes concluded that the issue of women's employment was not one of equal opportunity but one of sound commercial and personnel practice. "If an organisation spends vast sums recruiting and training women then it is vitally important that that organisation encourages women to remain in employment and develop their abilities".

Earlier the conference heard that in the UK about 40 per cent of pharmacists on the Register were female, as were 62 per cent of new pharmacy students. Women formed about one-third of the professional work force in community pharmacy but only one-fifth worked full time. In hospitals, women formed the majority of full time staff but men predominated in the most senior posts. In industry there had been a sharp rise in the proportion of women pharmacists from 10 per cent in 1983 to the present 25 per cent, and about half the industrial pharmacists aged under 30 were female.

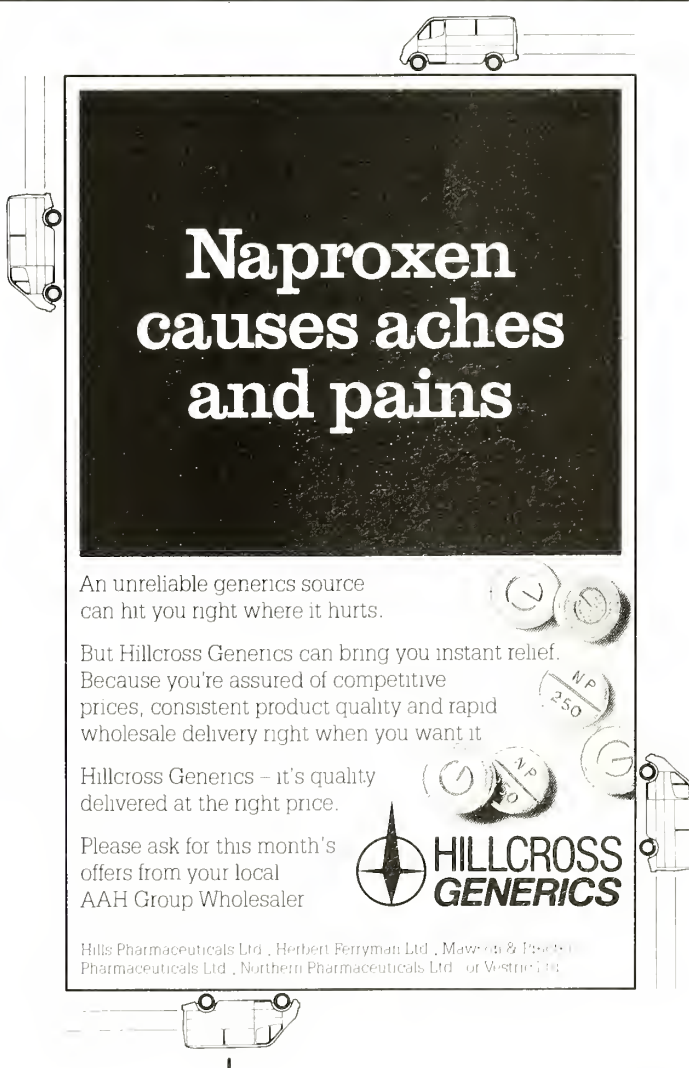
Women pharmacists also predominated in other countries. In Sweden, 70 per cent of pharmacy managers (which includes prescriptionists) are women, as are 47 per cent of pharmacists and 97 per cent of prescriptionists, who do a shorter, more practical training. In the United States, by the year 2000 most pharmacists will be female.

Several speakers wondered why women, in spite of their prevalence, held so few leadership positions in the profession. Dr

Lucinda Maine, professional relations director, Stamford University School of Pharmacy, USA, cited some of the barriers facing women pharmacists — the dual burdens of work and bringing up families, the "old boy network" and lack of encouragement from the profession. The predominance of women occurred in the younger age groups, when those new to pharmacy were establishing their careers, had less flexible working hours and lower salaries and were less able to devote time to politics.

But she was optimistic that as more women became successful they would act as role models and encourage other women to follow. It would also be helpful if older pharmacists guided younger ones in the early stages of their careers. Perhaps the most powerful factor was the "biggest fan" syndrome that is, that behind every successful leader is a group of people — parents, spouses, friends — who give strong and consistent support.

Dr Robert Johnson, executive vice-president, California Pharmacists Association, believed that the parity of salary, job satisfaction and flexibility in work hours would continue to make pharmacy an attractive occupation for women. He thought more women would like to own pharmacies and should be encouraged to do so, but he warned them not to make the same mistakes as their male counterparts who believed they could succeed with little or no business training. To be successful it was important to have a good grasp of economics, marketing and management principles.



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causes aches  
and pains**

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But Hillcross Generics can bring you instant relief. Because you're assured of competitive prices, consistent product quality and rapid wholesale delivery right when you want it.

Hillcross Generics — it's quality delivered at the right price.

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**HILLCROSS  
GENERICS**

Hills Pharmaceuticals Ltd., Herbert Ferryman Ltd., Mawson & Partners  
Pharmaceuticals Ltd., Northern Pharmaceuticals Ltd. or Vestring Ltd.



## Estraderm TTS

Oestradiol is the latest drug to be enclosed in a skin patch with the launch this week of Ciba Laboratories' Estraderm TTS, indicated for oestrogen replacement therapy.

Estraderm is available in three strengths. Estraderm TTS 25 has an absorption rate of around 25 micrograms of oestradiol in 24 hours through an active surface area of 5sq cm from a drug reservoir of 2mg. Estraderm TTS 50 has an absorption rate of around 50 micrograms in 24 hours through an active surface area of 10sq cm from a reservoir of 4mg. And Estraderm 100 delivers around 100 micrograms oestradiol in 24 hours through an active surface area of 20sq cm from a drug reservoir of 8mg. Patches should be changed every three or four days.

Ciba say that within four hours of application of the first system, plasma oestradiol levels reach the therapeutic range. After removal of the last system, plasma oestrogen levels return to baseline levels in less than 24 hours and urinary conjugates within two to three days, say Ciba.

**Manufacturer** Ciba Laboratories, Wimbleshurst Road, Horsham, West Sussex RH12 4AB

**Description** A self-adhesive, transparent, transdermal therapeutic system, containing a drug reservoir of 17-oestradiol. Three sizes as described above

**Uses** Oestrogen replacement therapy in hysterectomised patients with disorders due to natural or surgically induced menopause eg vasomotor symptoms (hot flushes and nocturnal sweating), urogenital conditions such as atrophic vaginitis/vulvitis, and/or atrophic urethritis and trigonitis

**Dosage** Therapy should be initiated with one Estraderm TTS 50 and the dose adjusted after the first treatment month depending on efficacy and signs of overdosage (eg breast tenderness). Maximum 100 micrograms a day. If a progestogen is necessary, it may be administered for 12 days a month. Estraderm TTS should be applied twice weekly on a continuous basis, each system being removed after three to four days and a fresh system applied to a different site. Recommended application sites are clean, dry and intact areas of skin on the trunk below the waistline. Estraderm should not be applied on or near the breasts.

**Contraindications** Cancer of the breast, genital tract or other oestrogen dependent neoplasia; severe hepatic, renal disease; undiagnosed vaginal bleeding; history of thrombosis; endometriosis

**Side effects** Rare, headaches, nausea and breast tenderness may occur. Some patients experience mild or transient local erythema at the patch site, with or without itching, usually disappearing three to four days after removal. Local swelling, papules and scaling have been reported, resolving spontaneously with no permanent damage

**Supply restrictions** Prescription only  
**Packs** Cartons containing eight Estraderm TTS patches each individually sealed in a protective pouch (25 size £6.30, 50 size £6.95, 100 size £7.65 all prices trade).

### Product Licence

Estraderm TTS25 0001/0112. Estraderm TTS 50 0001/0113. Estraderm TTS 100 0001/0114

Issued June 1987

## Gelcosal from Quinoderm

Quinoderm are extending their Gelcotar range with the launch of Gelcosal, containing salicylic acid.

The company says that, while Gelcosal contains the same proportion of strong coal tar solution and pine tar as Gelcotar, the 2 per cent salicylic acid provides keratolytic activity so it is indicated in the chronic scaling of psoriasis and dermatitis.

Quinoderm say that Gelcosal will be advertised through reps, mailings and journal advertising to GPs as a prescription item.

**Manufacturer** Quinoderm Ltd, Manchester Road, Hollinwood, Oldham, Lancs OL8 4PB

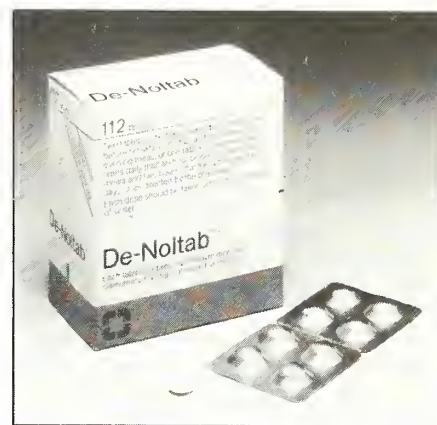
**Description** Light brown thixotropic gel which spreads easily and cleanly on the skin. Non-sticky, non-greasy and water miscible, so easily removed without permanent staining. Contains strong coal tar solution BPC 5 per cent, tar BP 5 per cent and salicylic acid BP 2 per cent  
**Indications** Treatment of chronic scaling phase of psoriasis and dermatitis.

**Administration** Gentle massage over the affected area twice a day

**Supply restrictions** Pharmacy only  
**Packs** 50g tubes (£2.54 trade, £4.38 retail)  
**Product Licence** 0291/0019  
**Issued** June 1987

## Rhumalgan tabs

Lagap have added Rhumalgan (diclofenac sodium) tablets to their range of branded generics. Both 25mg (100, £8.10), and 50mg (100, £15.75, both prices trade) strengths are orange, film coated tablets. *Lagap Pharmaceuticals Ltd, Woolmer Way, Bordon, Hants GU35 9QE.*



## Twice daily De-nol tablets

Brocades are introducing a swallowable twice daily dosage tablet formulation of De-nol, De-Nol tabs, to replace the four times daily chewable form.

The company says that recent clinical data indicates that the importance of H<sub>2</sub> antagonists may have been overstated, and that the improvement De-Nol (tri-potassium di-citrate bismuthate) may bring to mucosal defence could be essential to effective treatment of peptic ulcer.

The new white De-Nol tabs are smaller than the previous formulation. Packs remain at 112 tablets (two twice daily) ie 28 days' treatment (£18.90 trade). Each pack contains a patient information leaflet. De-Nol liquid remains available. *Brocades (Great Britain) Ltd, Brocades House, Pyrford Road, West Byfleet, Weybridge, Surrey KT14 6RA.*

## Blister-pack 90 for Forceval

Forceval capsules packed in bottles of 100 are being replaced by a blister-pack of 90 capsules (£8.26). Unigreg are also replacing the 150g tins of custard, orange and strawberry flavoured Forceval powder with eight by 15g sachet packs (£2.82) and 300g tins (£6.39) all prices trade. *Distributors Farillon Ltd, Ashton road, Romford, Essex RM3 8UE.*

## Fefol, Feospan get OPD packs

Smith Kline & French are introducing new original pack dispensing blister packs for both Feospan Spansules and Fefol Spansule capsules from July 6.

The new Feospan pack contains 30 capsules (15 per foil) and replaces the existing 30 Securitainer pack; the 250 Securitainer is retained with a new style label.

*Chemist & Druggist 27 June 1987*



A new 30 capsule blister calendar pack (15 per foil) (£0.91 trade) replaces the existing 28-capsule Fefol blister pack. The 250 capsule Securitainer remains, again with a new style label. *Smith Kline & French Laboratories Ltd, Mundells, Welwyn Garden City, Herts AL7 1EY.*

## BRIEFS

**A 1g pack** of Sandoglobulin (human normal immunoglobulin) now complements the 3g and 6g packs. This should allow more accurate dosing and reduce wastage, say Sandoz. The 1g pack (£19.50 trade) comes with a 33ml bottle of 0.9 per cent sodium chloride, a disposable transfer-needle and a leaflet. *Sandoz Pharmaceuticals, Sandoz House, 98 The Centre, Feltham, Middx TW13 4EP.*

**Fluorouracil Roche** capsules 250mg will, in future, be packed in bottles of 30 capsules (£35.38 trade) instead of the existing blister packs of 50 capsules. And **Natulan capsules 50mg** will, in future, be packed in bottles of 50 instead of the existing blister packs. Colour and price remain the same, but they will no longer carry the Roche logo. *Roche Products Ltd, PO Box 8, Welwyn Garden City, Herts AL7 3AY.*

**Pragmatar cream** is now available in a 100mg tube (£4.79, trade) following requests for a larger size than the 25g tube already available, say *Bioglan Laboratories Ltd, 1 The Cam Centre, Hitchin, Herts SG4 0TW.*

**Stemetil 25mg tablets** have been reformulated. The new tablets are slightly smaller in size and creamier in colour. Lactose is now an ingredient. *May & Baker Pharmaceuticals, Rainham Road South, Dagenham, Essex RM10 7XS.*

**Merbentyl 20** 84-tablet packs are converting, from bottle packs, to blister packs. Price is unchanged. *Merrell Dow Pharmaceuticals Ltd, Stana Place, Fairfield Avenue, Staines, Middx TW18 4SX.*

**Responsibility** for Smith, Kline & French's Mintec capsules is transferred to SK&F's newly launched subsidiary Bridge Pharmaceuticals from July 1. *Bridge Pharmaceuticals, Mundells, Welwyn Garden City, Herts AL7 1EY.*

**A 100g tube** of Metosyn diluent (FAPG cream base) (£2.50 trade) is replacing the bulk 500g jar. *Stuart Pharmaceuticals Ltd, Stuart House, 50 Alderley Road, Wilmslow, Cheshire SK9 1RE.*



## Safety first from WLHC

Warner-Lambert Health Care have introduced a new condom designed to make both heterosexual and homosexual relationships safer.

Lifestyles Extra are 20-25 per cent stronger than standard condoms and are therefore less likely to break. As well as being reliable contraceptives when correctly used, they have been shown to provide an impermeable barrier to the AIDS virus and other sexually transmitted diseases (3, £0.75), says the company.

The condoms meet all the tensile strength, elongation and resistance to leakage requirements set down in British Standard 3704 and by the American Society for Testing and Materials. They are all electronically tested at a voltage 17 per cent higher than used with standard condoms.

The extra strength is achieved by changing the viscosity and total solids content of the natural rubber latex, and the condoms are around 0.02mm thicker than average. Warner-Lambert say there has been no significant loss of sensitivity.

Promotion will be through an educational

programme with literature being sent to various organisations, including the Terrence Higgins Trust. Two leaflets — one on how to use a condom and the other on condoms and prevention of STDs — will be provided in new Lifestyles display stands being issued to pharmacies.



Marketing director John Ball says Warner-Lambert "could not rule out the possibility of television advertising" but were waiting to see the IBA's final guidelines. Press advertising is also being considered. *Warner-Lambert Health Care, Southampton Road, Eastleigh, Hants SO5 5RY.*

## Ampicillin can cause high fever

Do you get hot under the collar about generics? Cool it

With Hillcross Generics you'll find just what you're looking for

Competitive prices, consistent product quality and rapid wholesale delivery right when you want it.

Hillcross Generics — it's quality delivered at the right price.

Please ask for this month's offers from your local AAH Group Wholesaler



Hills Pharmaceuticals Ltd, Herbert Petryman Ltd, Mawson & Co Ltd, Pharmaceuticals Ltd, Northern Pharmaceuticals Ltd, or Vesta Ltd



## Vestric/Elida car competition

An £18,000 Jaguar XJ6 is the first prize in an Elida Gibbs/Vestric promotion that runs until the end of July.

The competition is being run on a "spot the ball" format, with the crosses allowed dictated by the quantity of products purchased. Brands involved are: Sunsilks hairspray, Harmony hairspray, Impulse, Timotei, Sure, Mentadent P, and Lynx.

The "spot the ball" sees Seve Ballesteros blasting out of a bunker, so for the runners up there are ten second prizes

of half sets of Wilson Sam Snead golf clubs, with 20 third prizes of a combination fuel can tool kit. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

## For happy hols

Beecham have produced a holiday health guide for this week's *Woman's Own*.

The booklet highlights the holiday uses of Setlers, Tums, Resolve, Germolene 2 and Germolene footspray, Diocalm and All Fresh wipes, as well as giving holiday advice. *Beecham Proprietaries-Medicines, Beecham House, Great West Road, Brentford, Middx.*



The following column lists advertisements for chemist merchandise appearing in the IPC women's Press during July. The magazines are divided into weeklies (W), monthlies (M), and teenagers (Y).

Alberto	W			Sure	W		
Ashe Labs Heidelberg	W	M		Timotei			Y
Mint Cool	W		Y	Evans Mycil	W	M	
Sucron	W	M		Hawaiian Tropic		M	
Vitapointe	W	M		Houbigant		M	Y
Beauty Without Cruelty			Y	Inecto cream bleach	W		
Beechams Canovel	W	M		Intercare Ex-lax	W		
Braun Electric			Y	Hemocane	W		
Chattem Sun-in			Y	Internat. Labs Dermidex	W	M	Y
Ultra Swim			Y	Johnson & Johnson Empathy	W	M	
CIBA Piz Buin		M	Y	baby products	W		
Colgate Palmolive	W			Lane's Quiet Life	W		
Combe Lanacort	W			Leo Labs Opazimes	W	M	
Slip Stops	W			Lever Brothers Persil	W	M	
Vagisil	W	M	Y	Louis Marcel nails			Y
Cuxson Gerrard Carnation				eyes			Y
corn caps	W	M		Midland Petfoods		M	
DDD Colour Run	W	M		Network Sally Hansen	W	M	
Oz		M		Neutrogena		M	
Stain Devils	W			Nicholas Kiwi Almay			Y
Daen Bikini Bare			Y	Paraclear	W		
Dulcolax	W			Numark	W		
Elida Gibbs Cream Silk			Y	Pedigree Chum	W		
Impulse			Y	Whiskas	W	M	
Mentadent	W	M		Reckitt & Coleman Senokot	W	M	
				Revlon Charlie	W		Y
				Rigease Coty Sunshimmer			Y
				Rimmel	W		Y
				Sancella Bodyform	W		Y
				Scholl Coppertone	W		Y
				footcare	W	M	
				Scott Libra	W		Y
				Seven Seas	W	M	
				Smith & Nephew Dr Whites			Y
				Nivea	W		Y
				Stafford Miller Joy-rides	W	M	
				Sensodyne	W	M	
				Tambrands	W		Y
				Thornton & Ross Zoflora		M	
				Uniclife TCP Liquid	W	M	
				Unipath Clearplan	W		
				Vichy Anti Wrinkle		M	
				Les Lumineuses		M	
				Wella		M	Y
				Wellcome Calpol		M	
				Whitehall Bisdol	W		
				Immac			Y
				Windsor Uvistat		M	



## Hydrocortisone from Glaxo

Glaxo Laboratories enter the OTC hydrocortisone market this week with the launch of Efcortelan P cream and ointment.

Both contain 1 per cent hydrocortisone BP and are indicated for the treatment of irritant dermatitis, contact allergic dermatitis and insect bite reactions. Glaxo recommended that Efcortelan P be used sparingly over a small area once or twice a day for no more than one week.

The company is using a "When the skin reacts" line on-pack and is including a list of things to which people may react. Efcortelan P is priced just below most of the other brands, at £1.40 for 15g.

Product licences Efcortelan P cream 0004/0327 Efcortelan P ointment 0004/0326. *Glaxo Laboratories Ltd, Greenford, Middx UB6 0HE.*

## Fuji fund drive

Fuji Film is to be a major sponsor of Search 88, said to be the largest UK fund-raising project to help fight cancer.

The first of many events under the banner of Search 88 begins with a photographic competition "One day for life" on Friday, August 14. A house-to-house mailing sent throughout the UK before the event gives details. *David Anthony Pharmaceuticals, Speke Hall Industrial Estate, Speke, Liverpool L24 1YA.*

## Two from Vestric

Vestric have added sterile dressings and 8-ply gauze swabs to their Propax Family Health own-brand range. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

**Galen** have removed stocks of old formulation Expulin from wholesalers. From July 1 only the new sugar-free formulation will be distributed. *Galen Ltd, Seagoe Industrial Estate, Craigavon, Northern Ireland.*



# New Hc45 Hydrocortisone Cream. Complementing Cream E45 in the treatment of contact dermatitis.



You know you can trust and recommend Cream E45 to relieve a wide range of dry skin conditions. And now you have the chance to recommend Hc45 Hydrocortisone Cream (1%) to reduce inflammation, calm irritation and promote healing.

Hc45 is the safe and effective OTC treatment for

contact dermatitis from allergens or irritants.

Hc45 is only to be applied once or twice a day for a maximum of 7 days. Between applications of Hc45, advise using Cream E45 to restore flexibility and softness to the skin.

Trust Cream E45 to relieve. Trust Hc45 to treat.

## Effective dermatological products from Crookes.







## More yoghurt from Cow & Gate

Cow & Gate are strengthening their range of yoghurt desserts for babies with the launch of five 150g jars. The move follows the rationalisation of Cow & Gate's babymeals jar range last year into stage 1 80g (trial) and 110g (1) and stage two 150g

sizes.

Cow & Gate say that consumer research has highlighted the fact that many mothers believe all baby yoghurts contain some sugar, and a "no added sugar" benefit of some of the new range is now shown with a larger red tick within a roundel design on the label.

The complete yoghurt dessert range now consists of one trial size flavour, five flavours in 110g and five in 150g, with five "no added sugar" flavours out of a total of seven: mixed fruit, pear, apple, pear and mandarin, and pineapple.

The launch coincides with Cow & Gate's national television campaign for Summer — "Two steps to grown up food" — which breaks at the end of this month and runs until the end of August. Television will be backed up with women's Press advertising and extensive direct sampling, say Cow & Gate Ltd, Cow & Gate House, Trowbridge, Wilts BA14 8YX.

## ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	IT Tyne Tees

Allereze Plus:	TTV, Bt
Amplex deodorant:	STV, Y, C, A,
	TSW, TVS, LWT, TT
Carefree panty shields:	All areas except
	A, HTV and TVS
Cussons Pearl:	All areas
Dermacort:	C, G, Y
Farley's rusks & cereals:	Bt
Fiesta kitchen towels:	All areas, C4, Bt
Germoline:	All areas
Johnson's baby shampoo:	Bt
Lanacort:	LWT, TTV
Listerine antiseptic mouthwash:	All areas, C4
Nurofen:	All areas
Optrex:	All areas
Peaudouce babyslips:	Bt
Philips Ladyshave 16:	A, TSW, TVS
Reach toothbrushes:	All areas, C4, Bt
Simple skin care range:	C4
Signal toothpaste:	Bt

## Shock contest

Wella are promoting Shock Waves with a national competition designed to find the most exciting and innovative music act and hairstyle of 1987.

Consumer leaflets will be available to Wella stockists until the end of August, as will a banded pack of Shock Waves wet gel, Hard Rock hairspray and a blank cassette. Leaflets will also be available from Virgin record shops and there will be national radio advertising during July and August.

First prize for the winning music act will be a guaranteed record contract and £1,000. The two runners up will receive £500 and £250 respectively as well as a day's free studio time. The most creative song writer wins a Fostex portable home studio.

The prize for the most outrageous hairstyle is a photographic session, £250 to spend on clothes and a framed portfolio shot of their winning style. *Wella Great Britain, Wella Road, Basingstoke, Hants.*

## S&N re-spray for Limara

Smith and Nephew are to relaunch Limara body sprays with the aim of following trends set by the fine fragrance market.

The relaunch features new packaging and a new variant, secret passion. Two of the previous variants, golden mystery and yellow moon, are being phased out. A Smith and Nephew spokesman says this reflects the brand's new positioning as a highly fashionable product aimed at a very young market — largely 14-16 year olds. The company says this group has very heavy usage of body sprays with many using two or three cans a month.

Each fragrance variant is now based on a particular fine fragrance, and the company plans to keep up with fashions in the prestige market — hence the phasing out of the golden mystery and yellow moon variants, which the spokesman says have simply gone out of fashion.

The relaunch will be backed by a £1m national television and women's Press advertising campaign running from



## A Simple range extension...

Albion Soap are extending their Simple skincare range into new product categories this Summer with the launch of two new deep cleansers: facial scrub and face mask.

Like all Simple formulations, these new additions are designed for delicate skins and are free of colour and perfume.

Simple facial scrub (75ml, £1.85) is presented in an open fronted box and features an introductory price of £1.69.

Simple face mask (75g, £1.45; 12g sachets, £0.36) contains natural clays, moisturisers and humectants, to deep cleanse and moisturise. The product will be available at introductory prices of £1.29 for the 75ml tube, and £0.28 for a 12g sachet. *Simple Skincare, Albion House, Station Road, Hampton, Middx.*



September and throughout the Autumn. New commercials feature the copyline "You can make it happen with Limara". Packs will feature 33 1/3 per cent extra free during the launch period and a new counter unit features testers for each variant. *Smith and Nephew Consumer Products Ltd, Alum Rock Road, Saltley, Birmingham.*





**Restful Night Tablets  
from Seven Seas.  
They'll be good for your business.  
Rest assured.**

More and more 'natural' is becoming the watchword in health care.

Of the treatments available, herbal remedies – perhaps the oldest remedies known to man – are enjoying ever increasing popularity.

None more so than Seven Seas.

Our highly successful range of herbal remedies includes best-sellers like Restful Night Tablets – a gentle-acting combination of pure herbs and herbal extracts.

For the customer complaining of troubled

nights' sleep – Restful Night Tablets are the natural choice.

Restful Night Tablets will be featured in a massive advertising campaign majoring on women's press and scheduled to include Good Housekeeping, She, Cosmopolitan, Family Circle and My Weekly.

In short, more and more people will be turning to Seven Seas Herbal Remedies.

Ask your representative for free consumer advice leaflets.

**Take good care of yourself naturally.**

Seven Seas Health Care Limited, Marfleet, Kingston-upon-Hull, HU9 5NJ





# HOM ON OUR N





# THE NEW RANGE



Whichever way you look at it, our new range will keep Soft & Pure growing in the right direction.

Our packaging has been perfected. We've split the market to broaden our appeal.

We've introduced new products and improved established ones. Now you have every reason to

expect even better performance and as sales move up towards the clouds, remember what they say about silver linings.

Robinsons of Chesterfield. 



BOING! BOING! BOING! BOING!

Once an animal brings

BOING! BOING! BOING! BOING! BOING!

fleas into the home there's

BOING! BOING! BOING! BOING! BOING!

one sure way to get

BOING! BOING! BOING! BOING! BOING!

them out of the carpet . . .

BOING! COUGH!

. . . Rug Patrol!

In 1986 we launched Rug Patrol nationally, and we really sent the fleas packing. This year we have an even larger package for you — so be prepared.

- £750,000 National Television
- Colour advertising in the TV Times
- New Sergeants Pet Patrol and Flea Collars
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# Parkinson's and the EPS

Parkinson's disease (PD) is a very common affliction of the elderly. Up to 1 in 200 will suffer it, and it usually progresses at such a rate that the quality of life in their few remaining years is seriously impaired. Yet it must be remembered that true Parkinson's disease is only one of a large group of conditions known collectively as the extrapyramidal disorders or extrapyramidal syndromes (EPS). All are caused by malfunction of the mechanism for the fine control of voluntary muscle movement located in the *basal ganglia*.

The basal ganglia and the extrapyramidal pathways play an essential role in modulating and smoothing voluntary muscular movement (C&D Sept 13, 1986). The system depends on a proper balance between inhibitory and excitatory pathways, and it can be appreciated how an imbalance between these two can result in the disorders of muscular movement and tone.

A large number of pathological lesions of the basal ganglia, both chemical and traumatic, can result in EPS. These are summarised in Table 1. However, the cause of the main condition, *idiopathic Parkinson's disease*, is not known. This is a chronic progressive disease involving selective degeneration of the dopaminergic cell bodies of the substantia nigra and their fibre tracts to the striatum (Figure 1). The result is a fall in the nigro-striatal dopamine to

**Previous articles in this series by Russell Greene, Chelsea Department of Pharmacy, King's College, London, have considered psychiatric disorders. This article and the next look at the two commonest groups of neurological disorders, the extrapyramidal syndromes and the seizure disorders.**

genetic links, nor are auto-immunity or infection likely. There are no known preventative measures, and current treatments seem to have little significant effect on the progression of the disease.

Idiopathic PD tends to start in middle

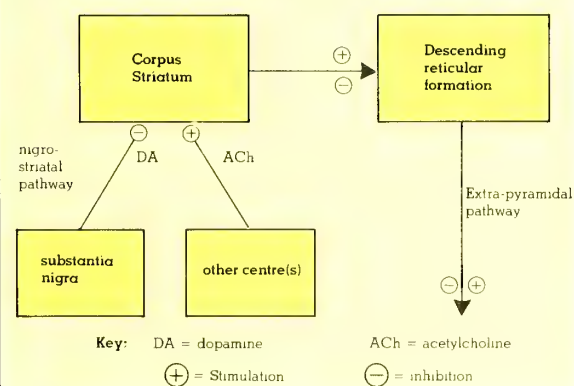
age. Other types, which can occur at any age, may be referred to as "Parkinsonism" or EPS, but strictly speaking they are not

**Table 1 — Varieties and causes of extrapyramidal syndromes**

Variety	Possible causes
<i>Idiopathic Parkinson's disease</i>	Impaired metabolism?; viral?
<i>Infective</i>	Viral encephalitis
<i>Traumatic/ischaemic</i>	Head injury, tumour, arteriosclerosis, infection (eg typhoid, polio)
<i>Iatrogenic</i>	Neuroleptics, metoclopramide
<i>Toxic</i>	Heavy metals, carbon monoxide

*Continued on p1287*

**Simplified diagram of pathways in basal ganglia, to illustrate the interaction of the two main transmitters**



**Fig 1 Simplified diagram of the pathways within the basal ganglia, to illustrate the interaction of the two main transmitters**

critically low levels. It must be stressed that it is not simply a case of dopamine deficiency; there is a reduced number of dopamine-secreting cells. This has an important effect on treatment options.

The cause may be an abnormal accumulation of toxic dopamine metabolites. There seem to be no strong

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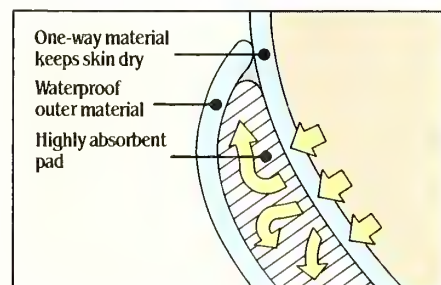
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Continued from p1285

"Parkinson's disease". However, the terms will be used interchangeably in this article. The *arteriosclerotic* form is also likely to be age-related, starting rather later as part of generalised cerebral arteriosclerosis.

Late onset in either case may protect the patient from the worst ravages of advanced disease. A diminishing number of elderly patients are sufferers from an epidemic of viral *encephalitis lethargica* early in the 20th century, which caused a variety of neurological defects including parkinsonism. The other causes listed are responsible for a relatively small number of cases.

There are numerous structures within the basal ganglia and a variety of transmitters, the most important neural pathways in EPS being dopaminergic and cholinergic. A relative ineffectiveness of the inhibitory dopaminergic *nigro-striatal* pathway allows a preponderance of unopposed cholinergic action. This can arise in many ways, and there are probably a number of subtle variations on this basic mechanism, which may account for the diverse manifestations of EPS.

## Epidemiology and natural history

Overall, PD affects about 1 person in every 1,000, but it is much more prevalent in the elderly. Men and women are affected equally, and there seems to be little racial or social variation. It has an insidious onset, with slowly progressive non-specific signs such as vague muscle pain, stiffness, mild depression and general slowing down.

All this can at first easily be mistaken for creeping old age, but later the features make it unmistakable. It seems as if over 80 per cent of nigro-striatal dopamine must be lost before symptoms become severe, but there is both neurological and behavioural

compensation before this, which might minimise obvious symptoms. Unfortunately, little is known of the mechanisms of this deterioration.

Initially the symptoms are primarily physical: intellect is unimpaired, making the suffering all the worse. However, as the disease progresses, intellectual degeneration does set in. No treatment seems to prevent the inexorable progress of the disease, but it progresses at different rates in different patients.

Modern management with levodopa has improved the prognosis by reducing the mortality and morbidity, but only by reducing secondary complications such as falls. The average survival time from the time of diagnosis has doubled, and is now about 20 years. Nevertheless, parkinsonian patients have three times the mortality of people of the same age without the disease. Death is usually from pneumonia, probably related to immobility.

## Clinical features

The classical signs of parkinsonism are tremor, rigidity, slowness and abnormal

posture. There are various other signs, and these are summarised in Table 2. Their extrapyramidal origin is shown by the fact that most may be traced to disorders of either muscle tone (*dystonias*) or muscle movement (*dyskinesias*). There are also signs of excess parasympathetic (cholinergic) activity. The late parkinsonian patient rarely causes diagnostic problems; however, in the early stages it can be confused for simple ageing, and a trial with levodopa can be diagnostic. It is always necessary to consider primary causes, eg neuroleptic drug therapy, or perhaps metoclopramide. Both are particularly likely to cause EPS in the elderly.

## Management — aims and rationale

The aims of management of parkinsonism are primarily symptomatic and supportive. The patients' troublesome symptoms must be relieved and their independence maintained. Drugs are the mainstay of symptomatic management, while exercise, physiotherapy, speech therapy and

**Table 3 — Pharmacological rationales for enhancing dopaminergic transmission in the basal ganglia**

Approach	Rationale	Example
Reduce cholinergic activity	Reduce opposition to diminished dopaminergic activity	anti-ACh drugs eg <b>benzhexol</b>
Inhibit neuronal dopamine reuptake	Maximise remaining dopaminergic activity	<b>amantadine</b>
Deliver dopamine precursor to body	Increase dopamine levels at basal ganglia receptors	<b>levodopa</b>
Increase local dopamine levels	(1) Reduce peripheral destruction of precursor  (2) Reduce local destruction of converted dopamine	<b>levodopa + decarboxylase inhibitor</b> add <b>MAOI-B inhibitor</b>
Use dopamine agonist	Mimic dopamine at basal ganglia receptors	<b>bromocriptine</b>

**Table 2 — The clinical features of Parkinson's disease**

<i>Dyskinesias</i>	Bradykinesia — general slowness — reduced voluntary movement; immobility — "stately" walk — tiny writing (micrographia) Hypokinesia — slowness/delays in initiating movement "Pill rolling" hand movements Resting tremor — disappears during activity, sleep — increases during stress
<i>Dystonias</i>	Limb rigidity — "lead pipe" or "cog wheel" Mask-like face, registering little expression Stooped posture Stumbling, shuffling walk (festination) Inarticulate speech (dysarthria)
<i>Cholinergic signs</i>	Salivation, drooling Constipation Dysphagia Greasy seborrhoeic skin
<i>Mood</i>	Flattening of affect Reactive depression

occupational therapy help patients cope.

Rarely, selective surgery to the basal ganglia may be indicated, and recently there have been experiments with the transplantation of embryonic neural tissue. Optimal drug therapy can produce a 50 per cent symptomatic improvement in most patients, and a halving of the rate of progress of disability (ie a doubling of the active life expectancy).

The general strategy of drug therapy is to increase dopaminergic activity within the basal ganglia. This can be achieved in a variety of ways, which are summarised in Table 3. Any residual activity can be stimulated, but usually some form of replacement is necessary. Other approaches are to improve the delivery of dopamine to the site of action and to minimise systemic adverse effects.

Continued overleaf



**Table 4 — Drug selection in Parkinson's Disease**

Iatrogenic	—	anticholinergics (anti-ACh)	
Mild	—	anticholinergics, amantadine	
Advanced/severe	—	levodopa + decarboxylase inhibitor	add
	—	+ MAOI-B inhibitor	as
	—	+ amantadine, anti-ACh	required
	—	+ bromocriptine	
Levodopa failure	—	bromocriptine, amantadine, anti-ACh	

Continued from p1287

## Drug selection

Most patients nowadays start levodopa therapy on diagnosis, but there are a number of exceptions; (see Table 4). The growing realisation that the duration of effective levodopa therapy is limited — by factors discussed below — means that in *mild disease* it may be best to use other drugs first, until disease progression necessitates levodopa. *Iatrogenic parkinsonian syndrome* (eg from neuroleptics) does not respond to levodopa; and in *levodopa failure* obviously other drugs are needed.

## Levodopa therapy

The development of levodopa therapy is an eloquent testimony to the benefits of applied pharmacology; (see Fig 1). Traditional treatment with anticholinergic drugs had not been very successful. It was realised that extra dopamine was needed in the basal ganglia. The problem was to deliver it, since, being polar, dopamine does not cross the blood brain barrier.

Direct delivery to the CNS is hardly practicable. Thus its precursor L-dihydroxy-phenylalanine (L-DOPA or levodopa) was investigated. This crosses the blood brain barrier easily (it is the brain's natural source of neuronal dopamine) and it is well absorbed from the GI tract. In the brain, levodopa is decarboxylated by *aromatic amino-acid decarboxylase (DOPA decarboxylase)* to dopamine.

Levodopa was found to be dramatically effective, especially in those patients who got little relief from existing drugs. Indeed it proved to be about five times more effective than anticholinergics. Unfortunately, it is very poorly tolerated, giving severe gastrointestinal and cardiovascular adverse

effects. This is because it is also decarboxylated peripherally, largely in the gut wall during absorption. Thus little of the administered dose actually reaches the CNS: most of it becomes free dopamine in the rest of the body, producing undesirable dopaminergic effects on the gut smooth muscle, heart and blood vessels.

The next development was an inhibitor of DOPA decarboxylase which was effective peripherally but did not cross the blood brain barrier, thus preventing the peripheral activation while not interfering with the central activation. The two agents in common use are **carbidopa** and **benserazide**. When combined with levodopa in appropriate proportions they considerably reduce the peripheral adverse effects and the total levodopa dose. The main problem, not unexpectedly, is an increase in *central dopaminergic toxicity*.

Unfortunately even these combinations do not work indefinitely. A further way of improving the efficiency of the dopamine delivered to the brain is to reduce its breakdown in the brain via the enzyme normally responsible for the termination of the action of central dopamine, ie *monoamine oxidase B (MAO-B)*. **Selegiline** is a drug which antagonises MAO-B without blocking the form of the enzyme affected by conventional antidepressant MAOIs such as phenelzine (ie MAO-A). Thus it is not subject to the same restrictions and dietary precautions as these drugs. It causes a moderate improvement in cases where levodopa effectiveness is waning.

Two problems remain unresolved. Firstly, levodopa is unselective once within the brain — other centres in addition to the

basal ganglia are affected, giving adverse psychiatric effects. Secondly, the effectiveness of levodopa inexorably declines after a number of years.

## Administration and adverse effects

All patients are now given combinations with a decarboxylase inhibitor routinely. These inhibitors themselves have remarkably few adverse effects. Doses are low at first, to establish tolerance, and gradually built up. (The dose may be increased more rapidly than with levodopa alone.) The regime, including the best ratio of levodopa to inhibitor, must be carefully individualised, to balance tolerance, benefit and toxicity.

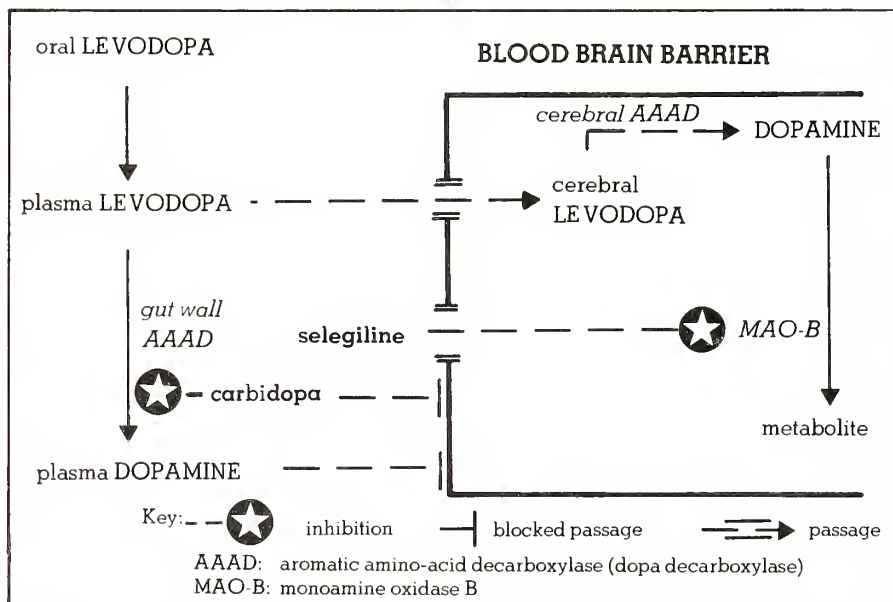
Divided doses are necessary, for two reasons: to minimise gastric intolerance (due in part to reduced motility caused by dopamine generated in the gut wall); and to prevent swings in plasma level which would be reflected in uneven clinical action. The drug is always taken with food.

The principal adverse effects of levodopa are due to the dopamine formed. This acts on peripheral and central dopamine receptors, and adrenergic receptors.

In the *GI tract* dopamine reduces motility, slowing absorption of further levodopa. The severe dyspepsia is probably due to levodopa directly, and is minimised by small frequent doses taken with food. Nausea and vomiting are less common now that carboxylase inhibitors are in regular use. They are mediated partly by the action of dopamine on the chemoreceptor trigger zone, where it is a known transmitter. The logical treatment if they are still troublesome, and tolerance does not develop, is a peripheral antinauseant dopamine blocker such as **domperidone**; (metoclopramide or a phenothiazine would interfere with the clinical action in the brain).

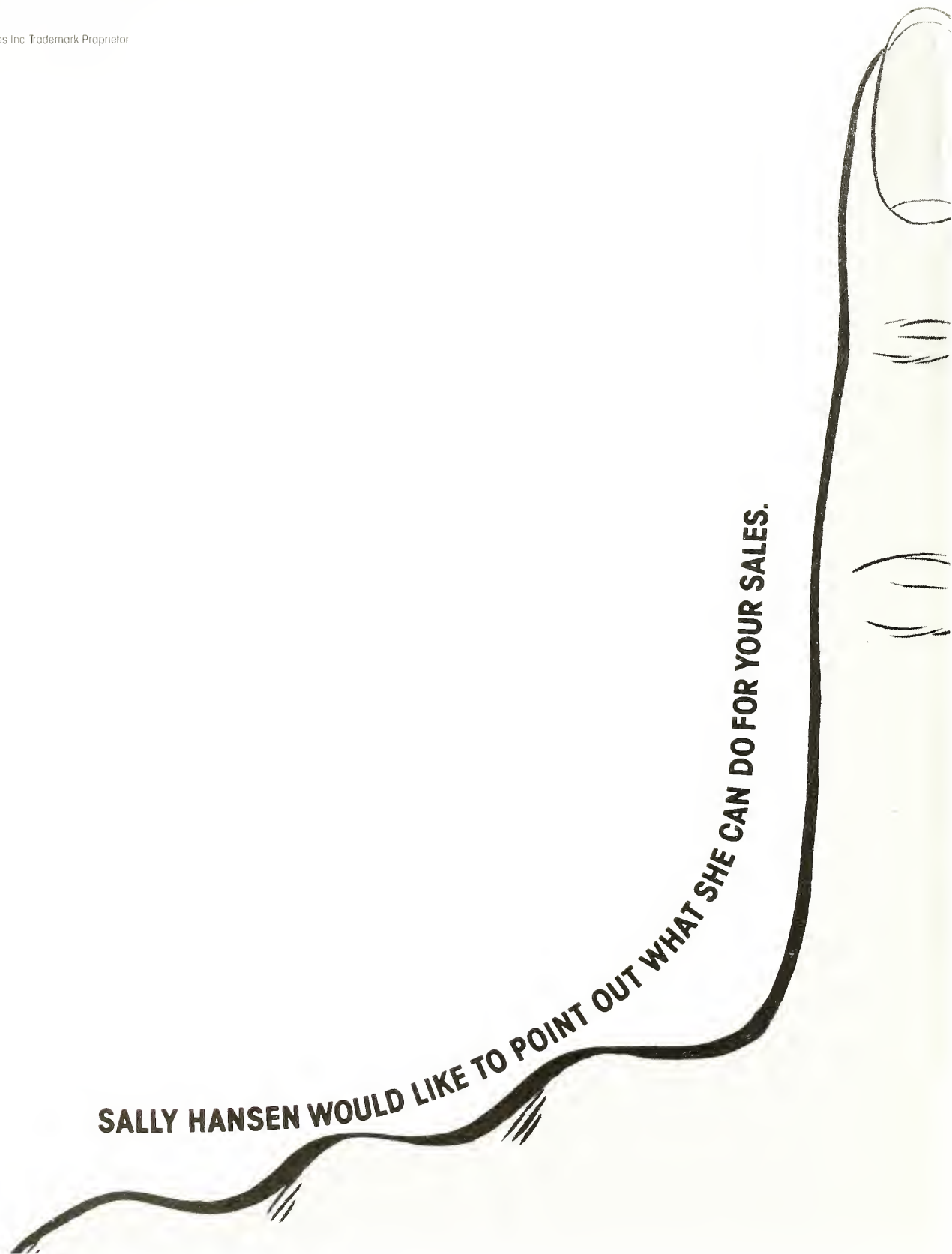
The main *cardiovascular* problems are arrhythmias (tachycardia and premature ventricular beats) and postural hypotension. The former is a beta-adrenergic inotropic effect, and the latter dopaminergic vasodilatation. (Both effects are exploited clinically in the use of dopamine infusions for refractory heart failure.) Parkinsonian patients are an age group prone to heart disease, so care is needed. Elastic stockings have been found helpful for the hypotension, but serious arrhythmias may

Continued on p1290



**Figure 2 — Dopamine metabolism and pharmacological interventions**





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Continued from p1288

require anti-arrhythmic drugs or cessation of treatment. Fortunately the cardiovascular effects seem to remit on continued therapy.

Unwanted *CNS effects* are due to dopamine acting on other brain centres where it is a transmitter. They are not reduced by decarboxylase inhibitors, and may even be exacerbated. Since the basal ganglia are complex, and the lesion in parkinsonism mainly affects just one pathway, excess dopamine elsewhere may produce other movement disorders, chiefly orofacial dyskinesias and bodily writhing. These are not unlike tardive dyskinesia, which is also due to an excessive dopaminergic activity. Unless they respond to a reduction in dosage without sacrificing therapeutic benefit, they may herald a "primary" failure of levodopa therapy.

From what is known of dopamine's role in the limbic system generally, and schizophrenia specifically, it is not surprising that a variety of psychotomimetic effects may result from swamping the brain with an excess of dopamine. Schizophrenia-like features such as hallucinations and

paranoia may occur, as well as delirium, depression or mania.

These may be exacerbated if anticholinergics are also being used. They may also be confused with symptoms of advanced disease itself, or represent the unmasking of latent psychiatric disease (which is a relative contraindication to levodopa use). Of course, antipsychotic dopamine blockers may not be used, and conventional MAO(A)I antidepressants are contraindicated since they will cause hypertensive crisis. Again it may mean that levodopa may have to be abandoned.

There exists the theoretical possibility of enhancing *hypothalamic* dopamine. However, the results — hypogonadism, hyperprolactinaemia, galactorrhoea and acromegaly — are unlikely to be significant in the parkinsonian age group.

### Long term complications

Fortunately, as yet, no serious long term haematological, renal or hepatic toxicity has been observed. The main problem is a seriously reduced effectiveness after two to

five years of therapy, causing fluctuating responses. These are termed *secondary* levodopa failures. Patients may also become intolerant of adverse effects. The fluctuations are of two types. The *end of dose effect* seems to be related to low serum levels just before the next dose is due, as experiments with continuous infusion have shown. Initially, increasing the frequency of dosing should be tried. Subsequently, other drugs may need to be added. Evidence is accumulating that continuous infusion gives better results.

The *on/off effect* is less predictable; the patient's symptoms seem to come and go ("yo-yo") with no obvious relationship to the medication, with "off" (uncontrolled) or "on" periods starting abruptly and lasting from minutes to hours. Little is known of the cause, but it could be a receptor sensitivity problem. Remedies are unsatisfactory but include "drug holidays" or the temporary (ultimately permanent) addition of other drugs.

In general one can understand that, since no treatment retards degeneration of the condition, a successfully managed patient will eventually go through periods of instability as further neurone loss impairs the ability to decarboxylate levodopa. Ultimately, alas, in some patients the therapy fails completely.

### Other drugs

The role of other drugs in parkinsonism is limited. **Anticholinergics** or **amantadine** may be used initially in mild disease. Their other use is in levodopa failure, where they may be used as temporary substitutes or adjuncts, or last resorts.

The same is true of **bromocriptine**, which is quite useful in combination with levodopa when high doses of the latter cannot be tolerated. It has similar dopaminergic adverse effects to levodopa, but it doesn't require enzyme activation. This has two consequences, one disadvantageous and one beneficial: protection cannot be given against peripheral effects, but on the other hand, it is less prone to cause "on/off" effects, which may be due to impaired activation of levodopa.

**Selegiline** is also used when the standard levodopa regimes start to fail; it may prolong levodopa's usefulness. Levodopa dosage should be cut by 25 per cent when it is introduced.

In summary, the management of parkinsonism has made great strides, but we still cannot prevent the disease, cannot retard its progress and cannot treat it indefinitely. However, at present we do seem to be able to significantly extend the useful life of the patient, and may be near to allowing them a normal life almost up until the time they would perhaps die naturally of the disease or its complications.

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## EEC compliance

K.J. Knight is naive to presume that he is in compliance on any account if he supplies Wellcome's European product Eusaprim for Septtrin prescriptions (*C&D*, June 22). I believe he is in breach of his contract with the Department of Health. He is in breach of the advice from his trade association which underwrites his professional indemnity and from that of his own professional society.

Most unfortunately of all he is in breach of the expectations of the majority of us, because his attitude takes no account of the now dangerously fragile state of pharmacy.

Observations of the past few year's events incline my opinion towards the belief that, unless there are rapid and radical changes in the attitude of members of our Society toward our standards and position in the field of health care, the profession of pharmacy will be as dead as the dodo by the turn of the century. This is not a fatalistic and melancholic conjecture on my part. It is sharp observation of the deliberate process of an undermining of pharmacy by the medical fraternity aided and abetted by the DHSS. Mr Knight's attitude and behaviour is typical of those who are so busily and in knowingly banging the nails into pharmacy's coffin.

**Idris Hughes**

Hemel Hempstead

## Do let us know

In 1981 the Pharmaceutical General Council — our negotiating committee — asked Scottish contractors for an estimate of patient charges due, but not paid. Only 30 per cent replied and the Scottish Home and Health Department, therefore, assumes that 70 per cent receive all monies due, making negotiations by the PGC on this point difficult to say the least.

We now have an opportunity to tell the PGC of nil discount items, so please do reply to this inquiry, otherwise Scottish contractors' payment will be discounted on items for which they have paid full price. Act now or suffer later! Reply to PGC!

**John Taylor**  
Edinburgh

## One mile farce

Professor Marsland's study of dispensing doctors (*C&D*, last week) highlights the farcical arrangements that the Clothier regulations continue to foster which lead dispensing doctors to proliferate in suburban areas.

This has come about because Clothier stuck to the out-dated and completely unvalidated one mile rule. Unless this is extended to a more logical distance — say 5km — we shall enter the 21st century shackled to 20th century thinking. In addition dispensing doctors are "bucking" the system when their appeals are turned down by the Secretary of State, and are now asking for a judicial review.

This then might be a very good time for the Rural Pharmacists Association to start fighting for an extension of this ridiculous "one mile" rule. And it would be very useful if rural pharmacists started to voice their protests.

It is time that the willingness shown by the rural pharmacists in Professor Marsland's report is used as evidence in supporting the right of pharmacists to take on a more extensive role in the rural community.

**John Davies**

Secretary

Rural Pharmacists Association

## YPG pre-reg exam call

The Young Pharmacists' Group has recently reviewed the Pharmaceutical Society's working party report on education. The need for an examination at the end of the pre-registration year was highlighted in the YPG education report and the Executive believe that this should be implemented by the Society in the immediate future. The lack of assessment for tutors was felt to be a weakness in the working party report and the YPG urges the Society to ensure that the standard of tutors is improved by using assessment in addition to compulsory training sessions.

**Mark Walker**, chairman, YPG

**Robert Carroll**, secretary

## Pharmacy help for 'refuseniks'

The plight of "refuseniks", people denied their right of emigration from the Soviet Union, remains desperate, in spite of reported reforms.

I am organising a specifically, pharmacy-orientated project to support them and would like to hear from any of my colleagues interested in helping. Please contact me at the National Council for Soviet Jewry (UK), College House, 4a New College Parade, Finchley Road, London NW3 5EP (tel: 01-586 5742-3).

**L J Rosenbury**

## Give generously

As a pharmaceutical "civil servant" I am taking the rather unusual step of writing on a political matter, because it is one which has the unanimous support of the National Pharmaceutical Association Board, and it is one on which I hold very strong views.

Throughout the protracted negotiations leading to the new contract, and the unforeseen delay in its implementation, the Pharmaceutical Services Negotiating Committee has had the full and unstinting support of the NPA. We have always recognised that a very small minority of contractors were going to be disadvantaged by the new arrangements, but we believe that the package as a whole is unquestionably to the benefit of pharmacy and pharmacy contractors.

A key element in the new contract is, of course, the offer of compensation to those who decide to relinquish their contract because they wish to retire, relocate, amalgamate with another pharmacy practice or simply because they believe their business is no longer viable. The compensation agreed between PSNC and the DHSS only applies to contractors whose income has fallen (or will fall) as a result of the new contract itself.

Unfortunately, the spate of leapfrogging will undoubtedly reduce the prescription volumes of a number of pharmacies below the viability level but outside the periods agreed for the formal compensation to be paid. It is these disadvantaged contractors in England and Wales whom the PSNC now seeks to help by administering a compensation fund to be subscribed to voluntarily by other contractors.

Those who donate may not benefit personally; but they will help fellow pharmacists who have suffered at the hands of leapfrogging — a scourge which we now hope is in the past.

May I urge *all* contractors in England and Wales to contribute to the fund. As an initial target, PSNC is seeking a commitment of £200 per contractor to be spread over 1988. The exact mechanism for payment has not yet been decided, but if the "subscriptions" were to be paid by banker's order on, say, a monthly or quarterly basis, the individual amounts would verge on the insignificant. This is an opportunity for the profession as a whole to demonstrate tangibly that there are other motives within its ranks than avarice. If the voluntary scheme fails, it will reflect sadly on us all.

**T.P. Astill**

Director,

National Pharmaceutical Association



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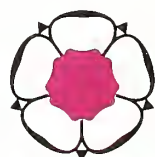
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## "Help us through the strike" call from Astill

The Civil Servants' strike could lead to real hardship for pharmacists if it goes on more than two or three weeks, says National Pharmaceutical director Tim Astill in a letter to the Chancellor of the Exchequer.

Mr Astill has complained to the Chancellor, Nigel Lawson, that the failure of Customs & Excise to make regular VAT repayments, because of the industrial action, has already caused "acute financial embarrassment" for many pharmacists. He cites one example of a pharmacy near a health centre owed over £30,000.

The provision for 5 per cent extra on

repayments which are over a month in arrears doesn't help cash flow or go far to paying bank overdraft costs, Mr Astill claims. He calls for extra payments from the NHS to cover the hold-up; or for pharmacists to be allowed to keep income tax, PAYE payments and National Insurance contributions until the backlog is cleared.

□ Pharmaceutical Services Negotiating Committee chairman David Sharpe has teleaxed Minister for Health Tony Newton asking that he increase the cost advance payable to contractors on July 1 to restore their NHS cash flow. He warns that they need the payment to maintain the pharmaceutical service.

## Pavion count cost of overhaul

After a year of overhauling and growing concentration on the US market, Pavion's profits for the year to February 28 were down to less than a quarter of last year's figures.

The results of £537,000 pre-tax profits (1985/86: £2.4m) were put down by outgoing chairman Professor Roland Smith to several factors. The rise in the average exchange rate for dollar income into sterling accounted for £514,000 worth, he said; and a US engineering

business made a £305,000 loss.

Pavion has been up against strong competition in the US. The costs of bringing the company's products — Wet 'n' Wild — into Europe also took their toll.

The company warned last year of the costs of warehouse expansion and new cosmetics distribution. In January Stanley Acker — head of the cosmetics business when Sangers took it over in 1985 — was made chief executive of the firm, which now consists primarily of two wholly-owned subsidiaries in America.

Raymond Way will take over from Roland Smith after July 16. Professor Smith is resigning after being appointed British Aerospace chairman designate.

## Condoms notch up LIG sales

Someone must be paying attention to the barrage of protection advice recently provided by the media. And that's good news for condom makers London International.

The Group has announced a 12.6 per cent boost in pre-tax profits for the year to March, bringing them to £27.1m. There's been a sharp increase of consumer demand for condoms in North America, Britain and Europe.

One division that didn't do as well was Royal Worcester, which suffered from a drop in the tourist trade.

Upjohn have announced a £1.39m investment in UK research facilities. The *Chemist & Druggist* 27 June 1987

spend is on extra space for research and medical staff, upgrading existing plants and equipment, and a feasibility study for a new 60,000 sq ft building. The study will be finished by the end of 1988 and could lead to £15m's worth of research buildings by the early 1990s.

Cetus Corporation and Squibb Corporation have announced an agreement in principle to form a joint venture to develop new biotechnology-based products for the cardiovascular, anti-infective, including antifungals and antivirals, and anti-inflammatory markets. The venture will develop and manufacture new drugs for Cetus and Squibb to market worldwide.

Leo Laboratories have set up a new hospital division consisting of nine hospital information executives who will be able to offer literature searches, visual aids and other assistance with educational projects.

## Big spenders on the airwaves

Two chemist-sold brands have spent their way into a "top ten" survey of radio advertisers.

Topol smokers' tooth polish comes fifth in the chart drawn up by *Marketing Week* and MEAL, who regularly monitor ten key regional radio stations. Topol's spend comes to £985,000 from April 1986 to March 1987. And Kleenex make two appearances: at eighth place for the tissue range (£701,000), and at number 10 for the toilet tissue (£648,000).

In the main Top 100 display advertising survey, chemist goods make few showings. Boots come 20th, with a total £8.1m spend — 63 per cent on newspapers. At number 64, Andrex have £4.7m spend — 90.5 per cent on television.

Generally the survey picks out three "new masters" of the advertising spend: electrical/white goods store chains, DIY superstore chains, and financial services. But top of the list, for the year of their flotation and the Sid campaign, are British Gas, who spent a total of £21,187,000.

## Park launch

Park Systems took the opportunity of the NPA show last Sunday to launch their latest prescription labeller based on the Epson PC.

The system, a fan cooled twin disk unit, is IBM compatible. It comes with a non-reflective Philips monitor and is linked to an Epson printer. The cost is £1,595 (ex VAT and after NPA rebates).

Features include the Society's full drug warning list, with up to five warnings per drug automatically printed. There is a drug interaction alert, a generic cross reference, and an automatic re-ordering memo (where more than 80 per cent of a full pack has been used).

The company is offering the purchase of the program only (£250) for use on IBM PC compatible computers. A hard disk system with an expanded drug file and extra features is also available.

The Konishiroku Photo Industry Co is unifying its corporate and product names. The brand names of Sakura products and U-Bix Products have now been changed to Konica. The brand name of Konica products, including cameras, optical products and magnetic tapes will remain unchanged. The company's corporate name will also be changed to "Konica Corporation" as of October 21.



## Damon Scottish project falls through; site for sale

Two years after a new biotechnology project by Damon Biotech of the US was announced, the Scottish Development Agency have dropped out of the venture, taking with them financial help of up to £19m and capital fund investment.

Damon had planned to produce monoclonal antibodies from the plant in Livingston, near Edinburgh, and the SDA told C&D: "All the evidence was, at the time we decided to go ahead, that the market was here. But with biotechnology

things change so quickly; and the market was going to be a lot slower than we had anticipated".

Approval for some products in the biotechnology field has been held up by the US Food and Drugs Administration, and Damon have recently been concentrating more on the tissue plasminogen activator (TPA), an anti-clotting agent.

Now the SDA have decided that they must sell the facility, instead of holding on. Two companies are already interested, say the SDA — who expect to recoup their costs through the sale.

## Ups and downs of Glaxo shares

"Much ado about nothing" is how one City writer described the interest surrounding Glaxo's share slump last week.

One suggestion was that an article in a US medical journal, *The New England Journal of Medicine*, cast doubt on the ulcer drug Zantac, with the suggestion that stomach ulcers are caused by the bacteria *Campylobacter pylori*.

But others think the fall of 52p on Thursday had more to do with work between Smith Kline and Reckitts on a polymer-coated version of Tagamet — though this is still in the early stages.

As C&D went to Press Glaxo's shares were up 12½p to £16¾p.

## Turning on the workers

How do you turn your workers on? is the question posed to small firms' bosses in a new survey by the Forum of Private Business.

The report set out to discover the highest priorities in encouraging staff, for National Motivation Week. From the 466 respondents, 88 per cent of owner managers claimed that their employees were more motivated than larger companies' staff, and the most important motivator — after financial incentives and job satisfaction — turned out to be "a caring management attitude".

That ranked ahead of involvement in decision making and profit sharing. The

threat of redundancy made a poor showing, coming second from bottom.

As for the business owners themselves, 94 per cent claimed to be highly motivated, but for different reasons than those given for their staff. Most important was to satisfy a need for security, followed by ambition, seeing the business grow, and, "to make more money".

## Fire claims up:

Fire claims to Pharmacy Mutual Insurance showed a marked rise in costs last year, compared with 1985.

The company, which has brought out its report and accounts for the year to the end of December, says the cost per fire claim almost doubled at 85 per cent — though the number stayed low. The major cause is arson.

There were fewer drug losses in 1986, but generally thefts from pharmacies went up by 5 per cent, with the cost per claim rising by 23 per cent.

"Glass claims are a major worry," say PMI. Invoices showing "nice round figures" — such as £500 for reglazing a window — have prompted PMI to warn of "a great many cowboys in the glazing world". The company will soon announce a nationwide reglazing service.

Revlon are understood to be renewing their interest in Gillette, after a complex deal between the two firms last year halted a takeover bid by the cosmetic firm. The current speculation follows a move by Ronald Perelman, who himself bought Revlon, to waive a provision of the agreement, according to the *Financial Times*, but it could also be an attempt to discourage a new bidder.

## Monthly order report from Vestric

Vantage chemists can now receive a monthly order analysis report for £10 a month.

The bound, laser-printed A4 report starts with a copy of the customer's monthly remittance advice and statement. It lists a summary of all invoices issued that month, showing what was ordered, the price and VAT payable. Breakdowns of the month's purchases follow.

The next section lists the Vestric "top 100 sellers" for the month, showing for comparison the customer's own products rating. This 100-rating is then given for the customer's sales and the Vestric national rating is shown against these.

Finally, changes to Vestric's computer product codes are listed at the back of the report. This includes all new and deleted products, and those whose product-file descriptions have been amended.

As a special introductory offer, Vantage members can get their first three monthly reports (June, July, August) free. After that, they can go on receiving it at £10 a month. Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.

## Hair boost for UK sprays

Growth in the hair care sector helped boost last year's record production of 746 million aerosols.

According to the British Aerosol Manufacturers' Association, production and filling of hair care aerosols grew by 21 per cent, with 20 per cent of the sector represented by hair mousse cans. The deodorant market also showed growth — almost 14 per cent.

## Ultra Glow goes it alone

A new company, Ultra Glow Cosmetics Ltd, has been formed to distribute its own range of beauty products.

Managing director Ryan is one of the founders of previous Ultra Glow distributors, Sharmabrook. She is now planning to increase the product range and widen distribution into chemists helped by special promotions and merchandising material, the company says.





Macarthy Medical have finished the first stage of depot modernisation, with the opening of refurbished premises in Glasgow. The occasion was marked by an open evening for Scottish customers. Pictured is John Basely (left), group distribution director, with Tony Allen, the firm's marketing director

## IPMI weekend

The Institute of Pharmacy Management International is organising a weekend meeting, November 13-15, at the Brandon Hall Hotel, Coventry.

The major presentation takes the theme "Financial and investment implications in community pharmacy and the taxation of business profits and private income," by Mr Gordon Butcher, accountant and company director.

Accommodation including a reception and dinner dance on Saturday evening, will cost £75. Further details are available from Dr I.F. Jones, 49 Hallas Lane, Cullingworth, Bradford, West Yorkshire BD13 5BU.

## The young ones

The Young Pharmacists' Group will hold its annual conference on November 8, 10am, at the Pharmaceutical Society headquarters in London.

The Conference takes as its theme "Changes in supervision and its effect on the future role of the pharmacist," and a "question time" session will conclude the event.

### Advance information

Liverpool Pharmaceutical Committee open meeting, July 2, 8pm, Queen's Drive Hotel. Discussion on PSNC's request for £200 voluntary contribution for compensation scheme, and on the planning for the profession's future.

The 79th Frankfurt International Fair, August 22-26. Details contact: Jutta Langen-Bendorf. Tel: (069) 7575-364.

Fédération Internationale Pharmaceutique (FIP) 47th International Congress of Pharmaceutical Sciences of FIP, August 31-September 4, Amsterdam. Details from FIP Congress 1987, Alexanderstraat 11, 2514 JL The Hague (The Netherlands).

Lincolnshire Pharmaceutical Committee, 14th annual conference, September 27, 10am-4.30pm. Details from Keith Swann, MPS, 9 Park Crescent, Wellingborough, Lincoln LN4 1DD.

# Toiletries sales forecast to rise strongly

The economy has been growing at an annual rate of 3 per cent or more, and the prospects are that it will continue to do so throughout the year, with further falls in unemployment. And as slower overseas growth has weakened world commodity prices, inflation may go below the 4 per cent rate forecast in the last Budget.

A slight slowdown in consumer spending this year is predicted by stockbrokers Phillips & Drew, but the projected increase of 4 per cent is still good by historical standards and the outlook for 1988 is for another very good year, they say. Retail sales have enjoyed faster real growth than consumer spending over the last few years and P&D expect a further modest outperformance over the next two years.

In another analysis of business

prospects, economic forecasters Staniland Hall Associates look to a particularly strong rise in the sale of toiletries, and further growth of spending on proprietary medicines.

Provisional figures from the Department of Trade and Industry show that the volume of retail sales rose sharply in April, following the unexpected sales downturn in January and March. In the three months February to April, the level

## Business Statistics

### Prices and costs

	Latest data	Previous data	% change on year
<b>Retail prices</b> (January 1987 = 100):			
all items	Apr 101.8	100.6	4.2
chemists goods	Apr 101.8	100.1	3.5
<b>Producer prices</b> (1980 = 100):			
manufacturing industry, excl food	Apr 150.5	149.7	3.5
chemical industry	Apr 137.3	136.1	2.2
pharmaceutical products	Apr 147.9	147.1	4.9
toilet preparations for men	Apr 178.0	175.0	11.3
other toilet preparations	Apr 144.1	144.0	3.7
surgical dressings	Apr 168.7	168.1	5.1
photographic materials and chemicals	Apr 146.5	145.9	4.3
<b>Average earnings*</b> (Jan 1980 = 100):			
distribution and repairs	Mar 185.4	181.4	7.2

### Output & overseas trade

<b>Manufacturers' sales*</b> (£m)			
pharmaceutical products	4th qtr 1016.0	947.0	13.0
perfumes, cosmetics and toilet preparations	4th qtr 370.0	351.0	10.0
<b>Home sales*</b> (£m)			
pharmaceutical products	4th qtr 777.0	743.0	13.0
perfumes, cosmetics and toilet preparations	4th qtr 322.0	325.0	10.0
<b>Exports*</b> (£m):			
pharmaceutical products	4th qtr 440.0	394.0	18.0
perfumes, cosmetics and toilet preparations	4th qtr 104.0	94.0	12.0
<b>Imports*</b> (£m):			
pharmaceutical products	4th qtr 201.0	190.0	23.0
perfumes, cosmetics and toilet preparations	4th qtr 56.0	68.0	12.0

### Sales

<b>Consumers' expenditure</b> (£bn 1980 prices)	Qtr 1 40.3	40.3	3.3
<b>Retail sales*</b> (value 1980 = 100)			
all retail businesses	Mar 158	154	6
chemists	Mar 191	196	7

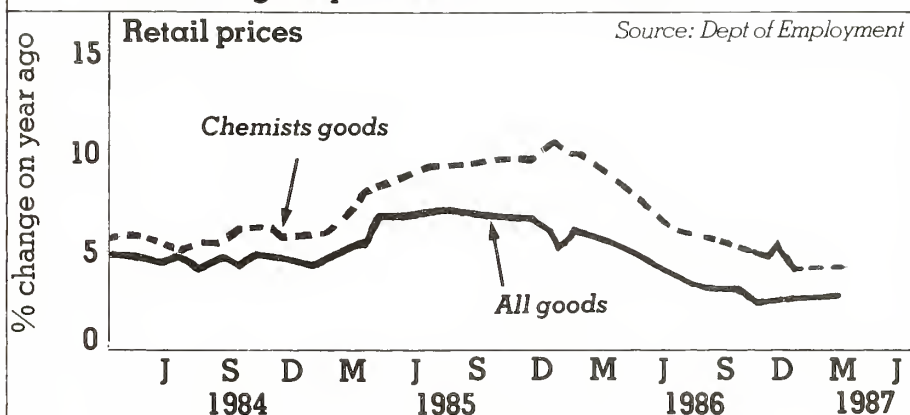
### Business indicators

<b>Average earnings index</b> (1980 = 100)	Mar 194.8	193.4	6.7
<b>Capital expenditure</b> (1980 prices) £m			
distribution	1st qtr 1091	1132	4.6
<b>Stock changes</b> (1980 prices) £m			
wholesalers	1st qtr 94	148	--
retailers	1st qtr -1	176	--
<b>Unemployment</b> (UK per cent)	Apr 10.9	10.9	5.2

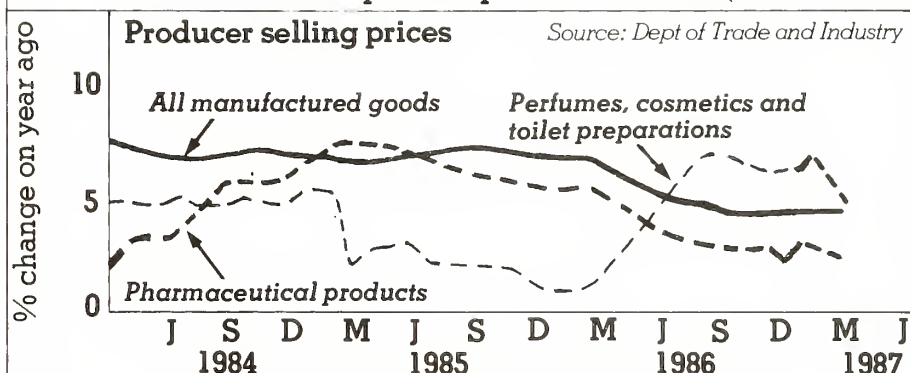
Sources: Central Statistical Office, Department of Employment, Department of Trade and Industry, HM Customs & Excise, OPCS. All figures seasonally adjusted except where marked \*



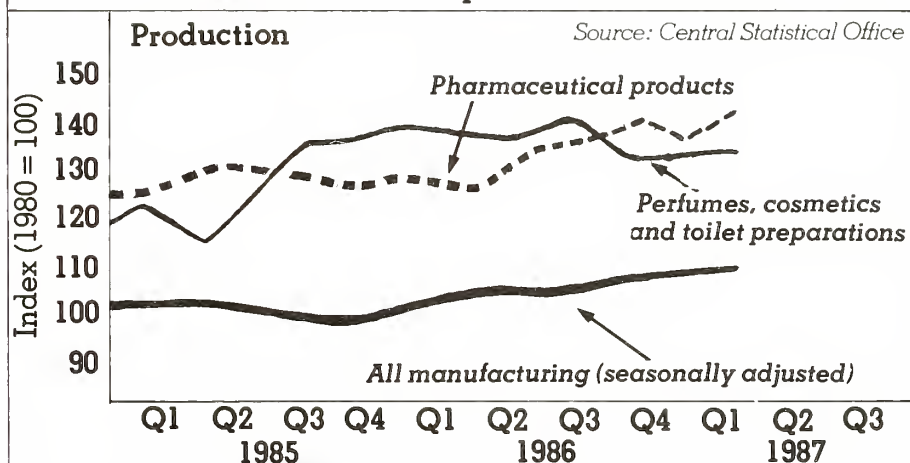
## Chemists' good price increases moderate



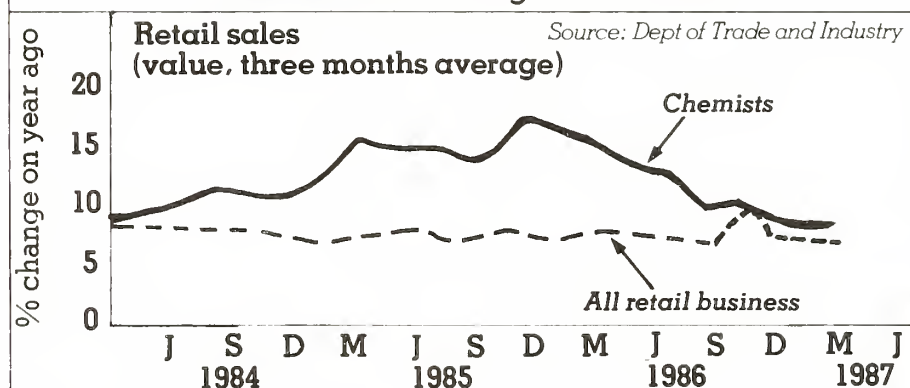
## Pharmaceutical product price rises accelerate



## Perfumes, cosmetics production increases



## Retail chemists' sales growth slackens



of sales was 1 per cent above that in the previous three months and 6 per cent higher than in the same period last year.

The value of retail chemists' sales in March was 2½ per cent below the February level, but 5 per cent higher than in March 1986. This is the smallest year-on-year improvement since April 1986 and compares with a 15 per cent rise last March.

According to the findings of the CBI/FT survey of the distributive trades, May will produce faster sales increases than retailers have experienced so far this year. Compared with a year ago, retailers said that they expect to increase the pace of ordering on their suppliers in May, but see a further rundown of stocks in prospect as sales strengthen.

Increases in local authority rates and rents, and in mortgage interest payments are blamed for the sharp 1.2 per cent increase in the retail price index for April, which took the annual rate of inflation up to 4.2 per cent. In the previous month inflation was 4 per cent.

The retail price index for chemists' goods increased by 0.7 per cent in April, to a level 3 per cent higher than in April 1986. The index now stands at 101.8 (Jan 1987 = 100).

Further back in the price pipeline, the index for materials and fuels purchased by manufacturing industry rose 1.4 per cent in the 12 months to April, the first annual increase since June 1985. For manufacturers of toiletries, raw material costs are rising at an annual rate of 2.4 per cent, while pharmaceutical manufacturers' costs are 2.1 per cent higher than in April 1986.

At the wholesale level, prices of pharmaceutical products increased by 0.5 per cent in April, to an annual rate of 4.9 per cent, while toiletries for men cost 11.3 per cent more than a year ago, and other toilet preparations were up 3.7 per cent. The wholesale price of toilet soap increased by 0.6 per cent on the month, to a level 0.2 per cent below that of April last.

The consumption of pharmaceutical products in the fourth quarter of last year was nearly 13 per cent higher than at the same time in 1986, but the value of imports increased more than 23 per cent, to £201m. Exports by British manufacturers rose meanwhile by 18.25 per cent, to £440m, according to provisional estimates from the Business Statistics Office.

A similar analysis of official figures for perfumes, cosmetics and toilet preparations reveals that UK consumption increased in value by 10.25 per cent between the fourth quarters of 1985 and 1986, while imports climbed 12 per cent. Exports improved by approximately the same amount, from £93m to £104m.



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## NI pharmacist receives MBE

Malcolm Napier, a community pharmacist from Portadown, Northern Ireland, and until recently a member of the Pharmaceutical Society of Northern Ireland's Council, was among those who received an MBE in the recent birthday honours list.

But Mr Napier's award was not for service to pharmacy, but to the Royal Observer Corps, of which he has been a member for the past 26 years. He joined after answering an advertisement while doing his apprenticeship.

Mr Napier is an observer lieutenant, and responsible for monitoring stations in the South East corner of the Province. The Corps is part of the UK Warning and Monitoring Organisation.

During the decade he spent on Council Mr Napier was approached on a number of occasions to stand for president, but always turned the offer down because he could not spare the time. His current involvement in pharmacy politics is now restricted to his local branch of Lurgan, Portadown and Armagh. "After I retire from the Observer Corps I might consider it," he says.

Mr Napier has been at the Eden Pharmacy in Portadown for 26 years. Before that he managed a shop in Markethill for four years.



## Peter's last stand!

The National Pharmaceutical Association Show (see p1269) provided an opportunity for one of *C&D*'s younger generation of editorial staff, NPA Reporter Liz Hunt, to pick up some of the tricks of the trade from "old hand" Peter Nicholls, who retires as Advertisement Manager at the end of August. Having started his publishing career as a journalist, Peter first sold "space" in *C&D* nearly 30 years ago, becoming Advertisement Manager in 1975. His successor will be Richard Langrish, currently Advertisement Manager of *C&D*'s sister weekly, *Hardware Trade Journal*.

## PAGB's new 'ad' executive

The Proprietary Association of Great Britain has appointed pharmacist Dr Julia Ratcliffe as advertising services executive.

Dr Ratcliffe, who graduated from Chelsea College, and who has had experience in retail pharmacy, joins the company from Fisons where she was

section head for nasal, ophthalmic and parenteral formulations. She will be responsible for the administration of the PAGB code of standards of advertising practice as well as application of the Code of Advertising Practice and Independent Broadcasting Association codes covering print and broadcast material.

## Unichem scoop hospital buyer

Sally Kenny, MPS, has been appointed hospital services manager. She has been employed in the hospital pharmaceutical service since she qualified in 1978, and has served in the South West and North West Thames regions. Ms Kenny was most recently assistant to the regional pharmaceutical officer.

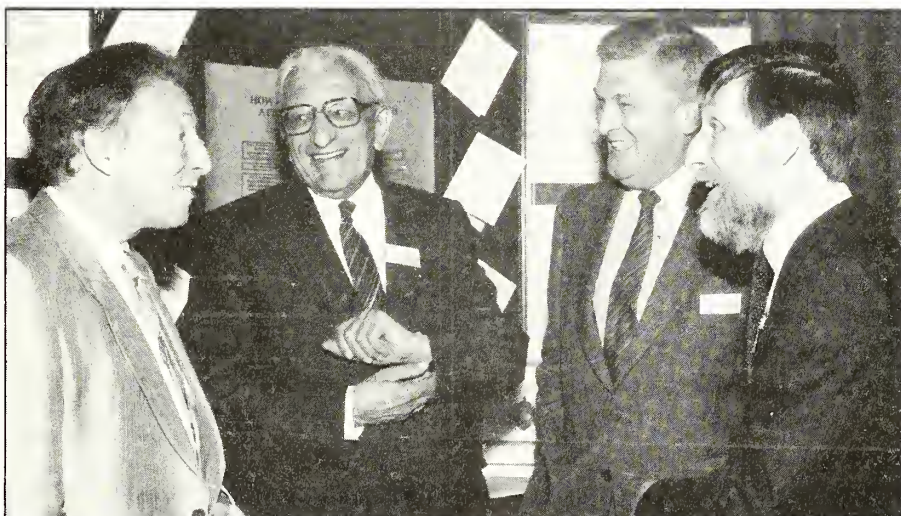


### Evening Primrose Oil Company:

Heather Mountney has been appointed marketing executive.

**Novo Laboratories:** Dr Paul Haycock has been appointed general manager. He replaces Colin Kruger who continues working as area director.

**Upjohn Ltd:** Roy D. Hudson, PhD, has been appointed to the newly created position of vice-president, Pharmaceutical Research and Development, Europe.



Mr Gerry Harraway (second right) is the new secretary of the Proprietary Articles Trade Association. Mr Harraway was previously field sales manager with Beecham, and leaves the company after 26 years. He joins PATA next week, and is pictured with acting secretary Mr Claude Green (second left) and committee members Mr E. Burton (left) and Carl Bedford (far right) on the PATA stand at the NPA show



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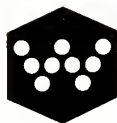
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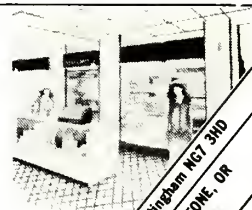
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